

Wednesday, March 19, 2003

LETTERS TO THE EDITOR

Health protection

Editor:

Please publish this concerned warning of love! All statements are part of an "out of court" settlement for the Rev. Deborah Hinten, the community and America!

Did you know that our own health care is in continuous danger because many (not all) local doctors and at least two local hospitals are refusing to consult the Physicians' Desk Reference (P.D.R.) even upon the request of the patient or family member? The doctor would rather hide behind their special interest laws which are probably attached to a rider.

According to both hospitals, the law states that "no hospital or doctor has to use the P.D.R.!"

I have no medical education. However the Lord has given me many solutions for this issue. My mother's life was at stake countless times! I was even reported as causing possible medical negligence for asking a Lisbon/Salem doctor to consult the P.D.R. In fact the Lisbon social worker refused to look at the P.D.R. and the Pill Book (the layman's version) placed before him to read.

Now Congressman's Ted Strickland's office did not look up the law either. I was told by Congressman's Strickland's White House-level, "No one should be a doctor how to practice." However you will remember the national news media were emphasizing how the doctors were quickly passing their own legislature.

But I found a law that can rip all medical licenses from all doctors and all hospitals who refuse to use the Physicians' Desk Reference!

Oh, the national media has been invited!

The Rev. Deborah Jean Hinten M.S.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431
Telephone: (330) 424-9171
July 18, 2003

Dear Sirs,

This is obvious insurance fraud has been sent to St.
Elizabeth Wound Care Center, Anthem Senior Advantage,
Medicare and hand carried to Youngstown's Attorney
General's Office and Youngstown's F.B.I..

Sincerely,

A handwritten signature in cursive script that reads "Rev. Deborah Jean Hinten MS". The signature is written in dark ink and is positioned above the printed name.

Rev. Deborah Jean Hinten M.S.

075820
HUMILITY OF MARY FAMILY HEALTH
PO BOX 71-1871
COLUMBUS OH 43271

64545

V13100 N4170 FR04 BNS 014 2161 R

STATEMENT

Questions Call Toll-Free
(866) 937-3815 8AM-4PM Mon/Fri

ADDRESS SERVICE REQUESTED

(866) 937-3815

07/03/03

64545

01

30.00

NEW BALANCE

LOVINA HINTEN
5701 LEETONIA ROAD
LEETONIA, OH 44431-9751

HUMILITY OF MARY FAMILY HEALTH
PO BOX 71-1871
COLUMBUS, OH 43271-1871

RETURN THIS PORTION WITH PAYMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
041503	ABDU MD.	RA CPT: 99214 POS: SEH OFFICE VISIT EST DX: 707.14	LOV HINTE	62.00	
051503	ABDU MD.	RA PYMT-MEDICARE HMO			-22.00
051503	ABDU MD.	RA ADJ MEDICARE HMO			-10.00

Paid 7-10-03

CK # 2337

\$30.00

07/03/03					64545
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING
	30.00			30.00	0.00
					30.00

HUMILITY OF MARY FAMILY HEALTH
PO BOX 71-1871
COLUMBUS OH 43271-1871
IRS #: 340505560

(866) 937-3815

KENNETH F. HINTEN
LOVINA K. HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

56-1135 130
412
3014250067

2337

DATE 7-10-03

Humility of Mary Family Health \$30.00

PAY TO THE
ORDER OF

Thirti Dollars and 00/100

DOLLARS

Sky

Rev Deborah Jean Hinten MS

BONUS
FIFTY
GOLD

30.00 250087# 2337

ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

009642

THIS IS NOT A BILL
EXPLANATION OF MEDICARE BENEFITS

Anthem. 

Anthem
Senior Advantage

MH

|||||

#BWNQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280209579
Group Number:	M51913164
Claim Number:	43120238600
Date:	7/03/03

DEAR LOVINA HINTEN:
THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
5/02/03	OPERATING ROOM	\$939.25	\$250.00	\$689.25

PROVIDER SUMMARY

PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$939.25	\$689.25	

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

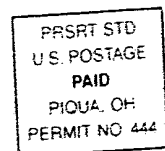
YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT AMOUNT(S) ARE GENERALLY BASED UPON THE LESSOR OF: (1) THE AMOUNT THE PROVIDER HAS AGREED TO ACCEPT AS PAYMENT IN FULL; OR (2) THE PROVIDER'S BILLED CHARGES

4002020957942MH 6424

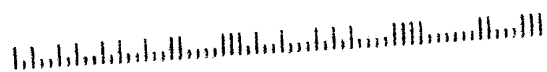




Anthem Senior Advantage
1351 William Howard Taft Rd
Cincinnati, OH 45206



*4*55*3*****AUTO** 5-DIGIT 44431
LOVINA K HINTEN
5701 LEETONIA RD
LEETONIA OH 44431-9751



Anthem Senior Advantage Evidence of Coverage

Region 1

Ohio Counties

*Brown, Clermont, Columbiana, Hamilton,
Mahoning, Medina, Portage, Summit, and Trumbull*

***Effective January 1, 2003
through December 31, 2003***

Your Covered Services	What you pay		
	Anthem Senior Advantage Basic Plan	Anthem Senior Advantage [REDACTED]	Anthem Senior Advantage Premier Plan
<p>health aide services.</p> <ul style="list-style-type: none"> Physical therapy, occupational therapy, and speech therapy. Medical social services. Medical equipment and supplies. 			
<p>Hospice Care</p> <p>For more information about hospice services, see Section 7.</p> <p>Drugs for symptom control and pain relief, short-term respite care, and other services not otherwise covered by Medicare. Home care is also covered.</p>	<p>When you enroll in a Medicare-certified Hospice, your hospice services are paid by Medicare (see Section 7 for more information about hospice services).</p>	<p>When you enroll in a Medicare-certified Hospice, your hospice services are paid by Medicare (see Section 7 for more information about hospice services).</p>	<p>When you enroll in a Medicare-certified Hospice, your hospice services are paid by Medicare (see Section 7 for more information about hospice services).</p>
<p>COVERAGE SERVICES</p> <p>Physician services including doctor office visits</p> <ul style="list-style-type: none"> Office visits, including medical and surgical services in a physician's office or in a hospital or ambulatory surgical center. Consultation, diagnosis, and treatment by a specialist. Second opinion by another plan provider prior to 	<p>You Pay:</p> <p>\$25 Primary Care Physician office visit for Medicare-covered services.</p> <p>\$35 Specialist office visit for Medicare-covered services.</p>	<p>You Pay:</p> <p>\$20 Primary Care Physician office visit for Medicare-covered services.</p> <p>[REDACTED]</p>	<p>You Pay:</p> <p>\$10 Primary Care Physician office visit for Medicare-covered services.</p> <p>\$20 Specialist office visit for Medicare-covered services.</p>

- Second opinion by another plan provider prior to

Your Covered Services		What you pay		
		Anthem Senior Advantage Basic Plan	Anthem Senior Advantage Standard Plan	Anthem Senior Advantage Premier Plan
<ul style="list-style-type: none"> ▪ Oral and maxillofacial surgery ▪ Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor). 				

ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

008642

THIS IS NOT A BILL

EXPLANATION OF MEDICARE BENEFITS

Anthem 

Anthem
Senior Advantage

MM

|||||
#BWNCQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280209579
Group Number:	M51913164
Claim Number:	43120238600
Date:	7/03/03

DEAR LOVINA HINTEN:
THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
5/02/03	OPERATING ROOM	\$939.25	\$250.00	\$689.25

PROVIDER SUMMARY

PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$939.25	\$689.25	\$250.00

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT AMOUNT(S) ARE GENERALLY BASED UPON THE LESSOR OF: (1) THE AMOUNT THE PROVIDER HAS AGREED TO ACCEPT AS PAYMENT IN FULL; OR (2) THE PROVIDERS BILLED CHARGES

4002020957962MH 642



ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

008642

THIS IS NOT A BILL
EXPLANATION OF MEDICARE BENEFITS

Anthem 

Anthem
Senior Advantage

MMH

|||||
#BWNCQXF
#MMH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280209578
Group Number:	M51913164
Claim Number:	43120238600
Date:	7/03/03

DEAR LOVINA HINTEN:
THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
5/02/03	OPERATING ROOM	\$939.25	\$250.00	\$689.25

PROVIDER SUMMARY

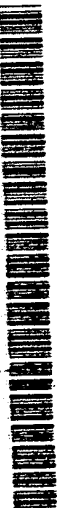
PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$939.25	\$689.25	\$250.00

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT AMOUNT(S) ARE GENERALLY BASED UPON THE LESSOR OF: (1) THE AMOUNT THE PROVIDER HAS AGREED TO ACCEPT AS PAYMENT IN FULL; OR (2) THE PROVIDER'S BILLED CHARGES

40020020957942MM 642*



STATEMENT OF ACCOUNT

 PATIENT
 HINTEN, LOVINA

 ACCOUNT NUMBER
 03101-00849

 DATE ADMITTED
 04/11/03

 DATE DISCHARGED 06/12/03
 PAGE NO. 001

 REFER TO THIS NUMBER
 ON ALL CORRESPONDENCE

 ITEMIZED STATEMENT
 OF ACCOUNT
 FOR QUESTIONS REGARDING
 THIS STATEMENT, PLEASE CALL
 LOCAL 480-3657
 TOLL FREE 888-480-4545

STATEMENT DATE

ATTENTION

 LOVINA HINTEN
 5701 LEETONIA RD
 LEETONIA

OH 44431

 MasterCard ☐

 Visa ☐

 04/18/03 OPE
 Discover ☐

050013 ANTHEM SR ADVANTAGE 332

Card No. _____

Expiration Date _____

Signature _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
			300 LABORATORY			33.00
			301 LAB/CHEMISTRY			53.00
			302 LAB/IMMUNOLOGY			42.75
			305 LAB/HEMATOLOGY			150.75
			320 DX X-RAY			121.25
			510 CLINIC			153.75
			TOTAL CHARGES			554.50
1/29/03	655	I0050	Anthem/Blue Payment		152.08CR	
1/19/03	930	A0050	Anthem/Blue Adjustment 050013		421.00CR	
1/29/03	655	A0050	Anthem/Blue Adjustment 050013		118.58	
			TOTAL PAYMENTS/ADJUSTMENTS			454.50CR
			ESTIMATED PATIENT BALANCE DUE			100.00

**THIS WHOLE THING IS
 NONSENSE! THE CO-PAY
 SHOULD NOT BE OVER \$30.00!**

**This has been reported to and will
 be paid by STATE OF OHIO
 MEDICAL BOARD!**

 NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL
 HOWEVER THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED
 PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES OF THIS STATEMENT

 UNPAID
 BALANCE →

100.00

STATEMENT OF ACCOUNT

 PATIENT
 HINTEN, LOVINA

 ACCOUNT NUMBER
 03105-00562
 REFER TO THIS NUMBER
 ON ALL CORRESPONDENCE

 DATE ADMITTED
 04/15/03
 ITEMIZED STATEMENT
 OF ACCOUNT
 FOR QUESTIONS REGARDING
 THIS STATEMENT, PLEASE CALL
 LOCAL 480-3657
 TOLL FREE 888-480-4545

 DATE DISCHARGED 06/12/03
 PAGE NO. 001
 D1
 8
 STATEMENT DATE

ATTENTION

 LOVINA HINTEN
 5701 LEETONIA RD
 LEETONIA

OH 44431

 MasterCard ☐

 Visa ☐

 04/21/03 OPE
 Discover ☐

 1 050013 ANTHEM SR ADVANTAGE 332
 2
 3
 4

Card No. _____

Expiration Date _____

Signature _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
			510 CLINIC			153.75
			TOTAL CHARGES			153.75
5/05/03	803	10050	Anthem/Blue Payment		0.00	
4/22/03	989	A0050	Anthem/Blue Adjustment 050013		86.10CR	
5/05/03	803	A0050	Anthem/Blue Adjustment 050013		32.35	
			TOTAL PAYMENTS/ADJUSTMENTS			53.75CR
			ESTIMATED PATIENT BALANCE DUE			100.00
<p>THIS WHOLE THING IS NONSENSE! THE CO-PAY SHOULD NOT BE OVER \$30.00!</p> <p>This has been reported to and will be paid by STATE OF OHIO MEDICAL BOARD!</p>						

 NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL
 HOWEVER THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED
 PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES OF THIS STATEMENT

 UNPAID
 BALANCE →

100.00

STATEMENT OF ACCOUNT

PATIENT
HINTEN, LOVINA

ATTENTION

LOVINA HINTEN
5701 LEETONIA RD
LEETONIA

OH 44431

ACCOUNT NUMBER
03107-00258
↑
REFER TO THIS NUMBER
ON ALL CORRESPONDENCE

DATE ADMITTED 04/17/03
DATE DISCHARGED 04/17/03
06/12/03
PAGE NO. 001
01
8
ITEMIZED STATEMENT
OF ACCOUNT
FOR QUESTIONS REGARDING
THIS STATEMENT, PLEASE CALL
LOCAL 480-3657
TOLL FREE 888-480-4545
STATEMENT DATE 04/29/03

MasterCard ☐ Visa ☐ Discover ☐

050013 ANTHEM SR ADVANTAGE 332

Card No. _____ Expiration Date _____

Signature _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
			921 PERI VASCUL LAB			528.25
			TOTAL CHARGES			528.25
5/15/03	66	10050	Anthem/Blue Payment		172.43CR	
4/30/03	372	A0050	Anthem/Blue Adjustment 050013		295.82CR	
			TOTAL PAYMENTS/ADJUSTMENTS			468.25CR
			ESTIMATED PATIENT BALANCE DUE			60.00

**THIS WHOLE THING IS
NONSENSE! THE CO-PAY
SHOULD NOT BE OVER \$30.00!**

**This has been reported to and will
be paid by STATE OF OHIO
MEDICAL BOARD!**

OTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL
HOWEVER THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED
PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES OF THIS STATEMENT

UNPAID
BALANCE →

60.00

STATEMENT OF ACCOUNT

 PATIENT
 INTEN, LOVINA

 ACCOUNT NUMBER
 03115-00011

DATE ADMITTED

04/25/03

 DATE DISCHARGED 06/12/03
 PAGE NO.

04/25/03

001

01

ATTENTION

 LOVINA HINTEN
 5701 LEETONIA RD
 LEETONIA

OH 44431

 REFER TO THIS NUMBER
 ON ALL CORRESPONDENCE

 ITEMIZED STATEMENT
 OF ACCOUNT
 FOR QUESTIONS REGARDING
 THIS STATEMENT, PLEASE CALL
 LOCAL 480-3657
 TOLL FREE 888-480-4545

STATEMENT DATE

05/01/03 OPE

 MasterCard ☐

 Visa ☐

 Discover ☐

050013 ANTHEM SR ADVANTAGE 332

Card No. _____ Expiration Date _____

Signature _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
			361 OR/MINOR			939.25
			TOTAL CHARGES			939.25
5/13/03	15	10050	Anthem/Blue Payment		200.00CR	
5/02/03	486	A0050	Anthem/Blue Adjustment 050013		489.25CR	
			TOTAL PAYMENTS/ADJUSTMENTS			689.25CR
			ESTIMATED PATIENT BALANCE DUE			250.00
<p>THIS WHOLE THING IS NONSENSE! THE CO-PAY SHOULD NOT BE OVER \$30.00!</p> <p>This has been reported to and will be paid by STATE OF OHIO MEDICAL BOARD!</p>						

 NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL
 HOWEVER THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED
 PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES OF THIS STATEMENT

UNPAID BALANCE →

250.00

STATEMENT OF ACCOUNT

PATIENT INTEN, LOVINA
ATTENTION LOVINA HINTEN
5701 LEETONIA RD
LEETONIA OH 44431

ACCOUNT NUMBER 03122-00027
DATE ADMITTED 05/02/03
DATE DISCHARGED 05/02/03
PAGE NO. 001
D1
8

REFER TO THIS NUMBER ON ALL CORRESPONDENCE

ITEMIZED STATEMENT OF ACCOUNT
FOR QUESTIONS REGARDING THIS STATEMENT, PLEASE CALL
LOCAL-480-3657
TOLL FREE 888-480-4545

STATEMENT DATE 05/08/03

MasterCard ☐ Visa ☐ Discover ☐

050013 ANTHEM SR ADVANTAGE 332

Card No. _____ Expiration Date _____

Signature _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
			361 OR/MINOR			939.25
			TOTAL CHARGES			939.25
5/09/03	865	A0050	Anthem/Blue Adjustment 050013		489.25CR	
			TOTAL PAYMENTS/ADJUSTMENTS			489.25CR
			ESTIMATED PATIENT BALANCE DUE			0.00
<p>THIS WHOLE THING IS NONSENSE! THE CO-PAY SHOULD NOT BE OVER \$30.00!</p> <p>This has been reported to and will be paid by STATE OF OHIO MEDICAL BOARD!</p>						

NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL. HOWEVER THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES OF THIS STATEMENT

UNPAID BALANCE →

450.00



HUMILITY OF MARY
Health Partners

HMHP FINANCIAL AID APPLICATION

ST. ELIZABETH HEALTH CENTER

ST. JOSEPH HEALTH CENTER

PATIENT NAME: Lorena Herten

SOCIAL SECURITY NUMBER: _____ EMPLOYER: _____

APPLICANT NAME, IF NOT PATIENT: _____

(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

ACCOUNT NUMBER: 0310100849 DATE OF SERVICE: 4/11/03

- Were you an Ohio resident at the time of your hospital service? Yes _____ No _____
- Were you an active Medicaid recipient at the time of your hospital service? Yes _____ No _____
If yes, Medicaid recipient ID number _____
- Were you an active Disability Assistance recipient at the time of your hospital service? Yes _____ No _____
If yes, attach a copy of your DA card effective during your date of service.
- Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

NAME	AGE	RELATIONSHIP TO PATIENT	INCOME FOR 3 MONTHS PRIOR TO DATE OF SERVICE*	INCOME FOR 12 MONTHS PRIOR TO DATE OF APPLICATION*	TYPE OF INCOME VERIFICATION***
		SELF			

**THIS WHOLE THING IS
NONSENSE! THE CO-PAY
SHOULD NOT BE OVER \$30.00!**

TOTAL IN FAMILY _____

*Income verification must accompany

** Income verification may include income from service or application.

***To fully evaluate your qualification

CERTIFICATION:

By signing this document,
documentation is true and

**This has been reported to and will
be paid by STATE OF OHIO
MEDICAL BOARD!**

_____ of my knowledge.

_____ing for you on a separate sheet.
information for 3 or 12 months prior to the date of

_____ed to provide proof of residency.

_____application and all supporting

APPLICANT SIGNATURE _____

DATE _____



HUMILITY OF MARY
Health Partners

HMHP FINANCIAL AID APPLICATION

ST. ELIZABETH HEALTH CENTER

ST. JOSEPH HEALTH CENTER

PATIENT NAME: Lorria Sexton

SOCIAL SECURITY NUMBER: _____ EMPLOYER: _____

APPLICANT NAME, IF NOT PATIENT: _____

(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

ACCOUNT NUMBER: 0310500562 DATE OF SERVICE: 4/15/03

- Were you an Ohio resident at the time of your hospital service? Yes _____ No _____
- Were you an active Medicaid recipient at the time of your hospital service? Yes _____ No _____
If yes, Medicaid recipient ID number _____
- Were you an active Disability Assistance recipient at the time of your hospital service? Yes _____ No _____
If yes, attach a copy of your DA card effective during your date of service.
- Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

NAME	AGE	RELATIONSHIP TO PATIENT	INCOME FOR 3 MONTHS PRIOR TO DATE OF SERVICE*	INCOME FOR 12 MONTHS PRIOR TO DATE OF APPLICATION*	TYPE OF INCOME VERIFICATION***
		SELF			
					//////////

**TOI THIS WHOLE THING IS
*Incor NONSENSE! THE CO-PAY
** Inco SHOULD NOT BE OVER \$30.00!
servi
***To fi**

**CER
By sig This has been reported to and will
docun be paid by STATE OF OHIO
MEDICAL BOARD!**

if explanation of who is providing for you on a separate sheet.
ocuments containing income information for 3 or 12 months prior to the date of
sted. You may also be required to provide proof of residency.

rovided on this application and all supporting
ledge.

APPLI

DATE



HUMILITY OF MARY
Health Partners

HMHP FINANCIAL AID APPLICATION

ST. ELIZABETH HEALTH CENTER

ST. JOSEPH HEALTH CENTER

PATIENT NAME: Lorina Henter

SOCIAL SECURITY NUMBER: _____ **EMPLOYER:** _____

APPLICANT NAME, IF NOT PATIENT: _____
(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

STREET: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____ **TELEPHONE:** _____

ACCOUNT NUMBER: 0310700258 **DATE OF SERVICE:** 4/17/03

- Were you an Ohio resident at the time of your hospital service? Yes _____ No _____
- Were you an active Medicaid recipient at the time of your hospital service? Yes _____ No _____
If yes, Medicaid recipient ID number _____
- Were you an active Disability Assistance recipient at the time of your hospital service? Yes _____ No _____
If yes, attach a copy of your DA card effective during your date of service.
- Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

NAME	AGE	RELATIONSHIP TO PATIENT	INCOME FOR 3 MONTHS PRIOR TO DATE OF SERVICE*	INCOME FOR 12 MONTHS PRIOR TO DATE OF APPLICATION*	TYPE OF INCOME VERIFICATION***
		SELF			

THIS WHOLE THING IS TOTAL NONSENSE! THE CO-PAY SHOULD NOT BE OVER \$30.00!

*Income
** Income
service
***To full

CERT This has been reported to and will be paid by STATE OF OHIO MEDICAL BOARD!

APPLICANT

Explanation of who is providing for you on a separate sheet.
Documents containing income information for 3 or 12 months prior to the date of

and. You may also be required to provide proof of residency.

provided on this application and all supporting
evidence.

DATE

HMHP FINANCIAL AID APPLICATION

ST. ELIZABETH HEALTH CENTER

ST. JOSEPH HEALTH CENTER

PATIENT NAME:

SOCIAL SECURITY NUMBER:

EMPLOYER:

APPLICANT NAME, IF NOT PATIENT:

APPLICANT NAME, IF NOT PATIENT: _____
(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

STREET:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

ACCOUNT NUMBER:

DATE OF SERVICE :

- Were you an Ohio resident at the time of your hospital service? Yes _____ No _____
- Were you an active Medicaid recipient at the time of your hospital service?
If yes, Medicaid recipient ID number _____ Yes _____ No _____
- Were you an active Disability Assistance recipient at the time of your hospital service?
If yes, attach a copy of your DA card effective during your date of service. Yes _____ No _____
- Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

NAME	AGE	RELATIONSHIP TO PATIENT	INCOME FOR 3 MONTHS PRIOR TO DATE OF SERVICE*	INCOME FOR 12 MONTHS PRIOR TO DATE OF APPLICATION*	TYPE OF INCOME VERIFICATION***
		SELF			
					//////////////////// ////////////////////

THIS WHOLE THING IS
NONSENSE! THE CO-PAY
SHOULD NOT BE OVER \$30.00!

ed to and will

TOTAL IN FAMIL'

**** Income verification may service or application.**

***To fully evaluate your q

CERTIFICATIO

By signing this doc

documentation is true and correct to the best of my knowledge.

**THIS WHOLE THING IS
NONSENSE! THE CO-PAY
SHOULD NOT BE OVER \$30.00!**

**This has been reported to and will
be paid by STATE OF OHIO
MEDICAL BOARD!**

3 income information for 3 or 12 months prior to the date of

be required to provide proof of residency.

... this application and all supporting

APPLICANT SIGNATURE

DATE _____



HUMILITY OF MARY[®]

HMHP FINANCIAL AID APPLICATION

ST. ELIZABETH HEALTH CENTER

ST. JOSEPH HEALTH CENTER

PATIENT NAME: Ravena Herten

SOCIAL SECURITY NUMBER: _____ **EMPLOYER:** _____

APPLICANT NAME, IF NOT PATIENT: _____ (ask following questions as they apply to the patient.)

APPLICANT NAME, IF NOT PATIENT: _____
(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

ACCOUNT NUMBER: C 031220027 DATE OF SERVICE: 5/2/03

- Were you an Ohio resident at the time of your hospital service? Yes _____ No _____
- Were you an active Medicaid recipient at the time of your hospital service?
If yes, Medicaid recipient ID number _____ Yes _____ No _____
- Were you an active Disability Assistance recipient at the time of your hospital service?
If yes, attach a copy of your DA card effective during your date of service. Yes _____ No _____
- Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

NAME	AGE	RELATIONSHIP TO PATIENT	INCOME FOR 3 MONTHS PRIOR TO DATE OF SERVICE*	INCOME FOR 12 MONTHS PRIOR TO DATE OF APPLICATION*	TYPE OF INCOME VERIFICATION**
		SELF			
					//////////////////// ////////////////////

TOTAL IN FAM

*Income verification n

**** Income verification :**

service or application.

***To fully evaluate yo

CERTIFICAT

By signing this

documentation is true and correct to the best of my knowledge.

who is providing for you on a separate sheet.
ning income information for 3 or 12 months prior to the date of

also be required to provide proof of residency.

in this application and all supporting

APPLICANT SIGNATURE

DATE _____



Dear Patient:

St. Elizabeth / St. Joseph Health Centers provide basic hospital care to low-income qualifying individuals through the State of Ohio Hospital Care Assurance Program (HCAP) and the HMHP charity program (HFA). Please review the information below to determine your HCAP eligibility. Follow the instructions carefully before submitting an application. Incomplete applications will not be accepted.

Ohio's Hospital Care Assurance Program (HCAP) is based on the Federal Poverty Income Guidelines. Hospital expenses are covered at 100% for individuals who qualify for HCAP. If you do not qualify for HCAP, you can submit the required income verification to be considered for HFA.

TO QUALIFY FOR HCAP YOU MUST:

- Be eligible on the date of service
- Be an Ohio resident
- Not be enrolled in any state Medicaid program
- Be an individual or from a family whose gross household income is at or below the Federal Poverty Guidelines (see chart below) or qualify for the Disability Assistance program
- Not reside in a public correctional facility on the date of service for which you are applying
- **Complete, date and sign the enclosed financial aid application**
- Submit proof of income that reflects the entire **3 or 12 months prior to the date of service** for which you are applying
- If your proof of income is not available, please complete all the requested information on the application and submit for determination

HCAP INCOME CRITERIA – EFFECTIVE 2-07-03

FAMILY SIZE	GROSS MONTHLY INCOME	GROSS ANNUAL INCOME
1	748.00	8,980.00
2	1,010.00	12,120.00
3	1,272.00	15,260.00
4	1,533.00	18,400.00
5	1,795.00	21,540.00
6	2,057.00	24,680.00
7	2,318.00	27,820.00
8	2,580.00	30,960.00
9	2,842.00	34,100.00
10	3,103.00	37,240.00
11	3,365.00	40,380.00
12	3,627.00	43,520.00

*Add \$3,140 to the annual income for each additional family member.

apl.:

tructions

01027566

04/11/03 1337

F NON

• **Fever**

- Increase redness in the skin surrounding the wound.
- Increase in the amount of drainage.
- A foul odor from the drainage.

Should you experience any of the above symptoms, notice a significant change in your wound(s), or have questions or problems following these instructions, please contact us at the Wound Management Program, or call your primary care physician or the hospital emergency room.

GENERAL CONSULTS

☐ Home Health: ☐ Start ☐ Continue (freq) _____ ☐ D/C
☐ Hospital Admission: _____
☐ Outpatient Surgery: _____
☐ Infectious Disease: _____
☐ Vascular: _____

☐ Plastic: _____
☐ Nutrition ☐ Diabetic Educator ☐ Physical Therapy
☐ HBO ☐ Social Services
☒ Orthotics: ☒ Right ☐ Left Foot
☐ Other: _____

WOUND LOCATION	DRESSING	AM	PM	START	CONT	D/C
Rmr 1st heel	Nurse & NSS Apply dry dressing + dry brief daily					

OFF-LOADING

☐ Keep weight off: ☒ Right ☐ Left heel at all times
☐ Total Non-Weight Bearing ☐ Wheelchair ☐ Walker ☐ Cane
☐ Crutches ☐ Multipodous Splint
☐ Use/Wear: _____ ☐ Walking ☐ Bed ☐ At All Times
☐ W/C Cushion: _____
☐ Felt / Foam / Ortho-Wedge/Surgical Shoe: _____
☐ Mattress Overlay: _____
☐ Specialty Bed/Mattress: _____
☐ Total Contact Cast: ☐ Right ☐ Left Foot
☐ Other: _____

EDEMA CONTROL

☐ Compression Pump ☐ Right ☐ Left ☐ Both leg(s)
Type: _____ mmHg _____ Min. _____ X a Day
☐ Compression Stockings: ☐ Right ☐ Left _____ mmHg
☐ Compression Wraps: ☐ Right ☐ Left ☐ Single Layer
☐ Multi Layer ☐ Circ Aid ☐ Other: _____
☒ Avoid standing for long periods of time.
☐ Apply Wraps / Stockings in AM and remove at bedtime.
☒ Elevate legs to the level of the heart or above for 30 minutes 3 times daily and/or when sitting.

Additional Orders / Instructions: ☐ Stop / decrease smoking ☒ Multi-vitamin ☐ Exercise ☒ Follow Nutritious Diet
☐ Discharge from current WMP service: F/U Service if indicated: _____ Inpatient _____ Outreach _____ HBO _____ Diabetes Mgt _____
W.R. ortho to fit a prosthesis Boot (B) done
> Dr. Abt. in Peds for H+P

Return Appointment: # Weeks 7 **Date:** 4-15-03 ☐ Nurse Visit Date: _____
☐ You are scheduled for: (Test) @ 10:15 am

* Vascular tests on Friday 4-18-03 @ 10am. at (Location) Hennepin County Hospital on (Date) 4/11/03 at (Time) _____
Patient Signature: [Signature] Physician Signature: [Signature] Date: 4/11/03

STATEMENT

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PATIENT ACCOUNT NO. E0310100849	PATIENT NAME HINTEN,LOVINA	DATES OF SERVICE 04/11/2003 - 04/11/2003	STATEMENT DATE 05/15/2003
------------------------------------	-------------------------------	---	------------------------------

DATE	TRANSACTION	AMOUNT
------	-------------	--------

SERVICES RENDERED: OUTPATIENT VISIT


04/18/2003	Billed Balance	554.50	
04/18/2003	Anthem/Blue Adjustment	421.00	CR
04/29/2003	Anthem/Blue Adjustment	118.58	
04/29/2003	Anthem/Blue Payment	152.08	CR
	Account Balance	100.00	
	Estimated Insurance Liability	0.00	
Patient Responsibility			100.00

FIRST NOTICE

Thank you for selecting our center for your medical needs. The amount due is for services received at the hospital 1 in full for the amount due. You may cont Department if you have questions or need

ance based
\$8980.00.
verty guide

AS AN "OUT OF COURT" SETTLEMENT Reimburse Lovina Hinten 100 times the total bill or pay her 10 times the total bill and stop all required unnecessary testing which places the individual's health in danger! Plus, your hospital must use the P.D.R. at all times or loose licenses! Plus, reimburse Anthem Senior the total cost.

	OUT OF COURT!
Customer Identification Card	
FREE CHECKING ACCT 021153930	
OUT OF COURT!	
REV. DEBORAH J HINTEN MS	
Present This Card When You Conduct Business.	

If you have questions about this statement or would like to obtain an itemized statement please call 888-480-4545 or 330-884-7074 Monday through Friday 8:00am to 4:00pm. Please see reverse side, you may be eligible for free care.

PLEASE PAY THIS AMOUNT

\$100.00

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.

PATIENT ACCOUNT STATEMENT



17273-5071

FORWARDING SERVICE REQUESTED

17273-5071*OYD14M5L5000275

☐ Please enter address or insurance changes on reverse side & check box.

ADDRESSEE:

HINTEN,LOVINA
5701 LEETONIA RD
LEETONIA, OH 44431-9751

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT



MASTERCARD



DISCOVER



VISA

CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE
ACCOUNT NO. E0310100849	STATEMENT DATE 05/15/2003
BALANCE DUE \$100.00	
DUE DATE 05/27/2003	ENTER AMOUNT PAID

MAKE CHECKS PAYABLE TO:

ST. ELIZABETH HEALTH CENTER
P.O. BOX 951359
CLEVELAND, OH 44193

652519

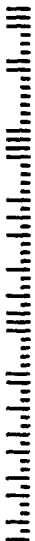
PRE-SORTED
FIRST CLASS
MAIL
US POSTAGE
PAID
EXB
43601



17273-50

FORWARDING SERVICE REQUESTED

ADDRESSEE:



HINTEN, LOVINA
5701 LEETONIA RD
LEETONIA, OH 44311-9751



PATIENT ACCOUNT NO. E0310500562	PATIENT NAME HINTEN,LOVINA	DATES OF SERVICE 04/15/2003 - 04/15/2003	STATEMENT DATE 05/18/2003
------------------------------------	-------------------------------	---	------------------------------

DATE	TRANSACTION	AMOUNT
SERVICES RENDERED: OUTPATIENT VISIT		
04/21/2003	Billed Balance	153.75
04/21/2003	Anthem/Blue Adjustment	86.10CR
05/05/2003	Anthem/Blue Adjustment	32.35
05/05/2003	Anthem/Blue Payment	0.00
	Account Balance	100.00
	Estimated Insurance Liability	0.00
	Patient Responsibility	100.00

FIRST NOTICE

for your me
tal liste
contact c
need payme

AS AN “OUT OF COURT” SETTLEMENT
Reimburse Lovina Hinten **100** times the total
bill or pay her **10** times the total bill and stop
all required unnecessary testing which places
the individual’s health in danger! Plus, your
hospital must use the **P.D.R.** at all times or
**lose licenses! Plus, reimburse Anthem
Senior the total cost.**

OUT OF COURT!

HOME SAVINGS

Customer Identification Card

FREE CHECKING ACCT
021153630

OUT OF COURT!

REV. DEBORAH J HINTEN MS

Present This Card When You Conduct Business.

<p>QUESTIONS</p> <p>If you have questions about this statement or would like to obtain an itemized statement please call 888-480-4545 or 330-884-7074 Monday through Friday 8:00am to 4:00pm. Please see reverse side, you may be eligible for free care.</p>	<p>PLEASE PAY THIS AMOUNT</p> <p>\$100.00</p>
--	---

TO INSURE PROPER CREDIT. DETACH AND RETURN
THIS PORTION IN THE ENCLOSED ENVELOPE.

PATIENT ACCOUNT STATEMENT



ST. ELIZABETH
Health Center
1044 Belmont Ave.
Youngstown, OH 44501

17273-5071




FORWARDING SERVICE REQUESTED

17273-5071*OYG128WDT000221

☐ Please enter address or insurance changes on reverse side & check box.

ADDRESSEE:

HINTEN,LOVINA
5701 LEETONIA RD
LEETONIA, OH 44431-9751

IF PAYING BY MASTERCARD, DISCOVER OR VISA. FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
 <input type="checkbox"/> MASTERCARD	 <input type="checkbox"/> DISCOVER	 <input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
ACCOUNT NO. E0310500562	STATEMENT DATE 05/18/2003	BALANCE DUE \$100.00
DUE DATE 05/30/2003	ENTER AMOUNT PAID	

MAKE CHECKS PAYABLE TO:

ST. ELIZABETH HEALTH CENTER
P.O. BOX 951359
CLEVELAND, OH 44193

03105005624000010000800000008

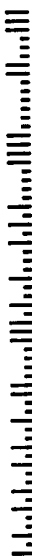
PRE-SORTED
FIRST CLASS
MAIL
US POSTAGE
PAID
EXB
43601

 **ST. ELIZABETH**
Health Center
1044 Belmont Ave.
Youngstown, OH 44501

FORWARDING SERVICE REQUESTED



ADDRESSEE:



HINTEN, LOVINA
5701 LEETONIA RD
LEETONIA, OH 44431-9751



STATEMENT



PATIENT ACCOUNT NO

E0310700258

PATIENT NAME

HINTEN, LOVINA

DATES OF SERVICE

04/17/2003 - 04/17/2003

STATEMENT DATE

05/26/2003

DATE

TRANSACTION

AMOUNT

SERVICES RENDERED: OUTPATIENT VISIT

04/29/2003	Billed Balance	528.25
04/29/2003	Anthem/Blue Adjustment	295.82CR
05/15/2003	Anthem/Blue Payment	172.43CR
	Account Balance	60.00
	Estimated Insurance Liability	0.00
	Patient Responsibility	60.00

FIRST NOTICE

Letter for your medical
hospital listed
may contact you
or need payment

AS AN "OUT OF COURT" SETTLEMENT

Reimburse Lovina Hinten 100 times the total bill or pay her 10 times the total bill and stop all required unnecessary testing which places the individual's health in danger! Plus, your hospital must use the P.D.R. at all times or loose licenses! Plus, reimburse Anthem Senior the total cost.

be based on inc
980.00. Add an
rty guideline i



OUT OF COURT!

Customer Identification Card

FREE CHECKING ACCT
Q21152930

OUT OF COURT!

REV. DEBORAH J HINTEN MS

Present This Card When You Conduct Business.

QUESTIONS

If you have questions about this statement or would like to obtain an itemized statement please call 888-480-4545 or 330-884-7074 Monday through Friday 8:00am to 4:00pm. Please see reverse side, you may be eligible for free care.

PLEASE PAY THIS AMOUNT

\$60.00

FOR YOUR PROPER CREDIT DETACH AND RETURN
THIS PORTION IN THE ENCLOSED ENVELOPE

PATIENT ACCOUNT STATEMENT

ST. ELIZABETH
Health Center1044 Belmont Ave
Youngstown, OH 44501

17273-5071

FORWARDING SERVICE REQUESTED

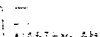
17273-5071*0Y018TR73000179

Please enter address or insurance changes
on reverse side & check box

ADDRESSEE:

|||||
HINTEN, LOVINA
5701 LEETONIA RD
LEETONIA, OH 44431-9751

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW
CHECK CARD USING FOR PAYMENT



CARD NUMBER

EXP DATE

ACCOUNT NO

STATEMENT DATE

BALANCE DUE

E0310700258

05/26/2003

\$60.00

DUE DATE

06/07/2003


ENTER AMOUNT PAID

MAKE CHECKS PAYABLE TO:

|||||
ST. ELIZABETH HEALTH CENTER
P.O. BOX 951359
CLEVELAND, OH 44193

0310700258900000600040000017




St. ELIZABETH
Health Center
1044 Belmont Ave.
Youngstown, OH 44501

FORWARDING SERVICE REQUESTED

17273-5071



ADDRESSEE:

Hinten Lovina
5701 LEETONIA RD
LEETONIA, OH 44431-9751

PRE-SORTED
FIRST CLASS
MAIL
US POSTAGE
PAID
EXB
43601

STATEMENT


 PATIENT ACCOUNT NO
E0311500011

 PATIENT NAME
HINTEN, LOVINA

 DATES OF SERVICE
04/25/2003 - 04/25/2003

 STATEMENT DATE
05/28/2003

DATE

TRANSACTION

AMOUNT

SERVICES RENDERED: OUTPATIENT VISIT

05/01/2003	Billed Balance	939.25
05/01/2003	Anthem/Blue Adjustment	489.25CR
05/13/2003	Anthem/Blue Payment	200.00CR
	Account Balance	250.00
	Estimated Insurance Liability	0.00

250.00

OUT OF COURT JUDGMENT CALL:

The patent is coming in for office care.
NOT TO BE CHARGED FOR A FACILITY'S
NAME! PLUS THIS BILL WAS RECEIVED 6-
5-03, YOU WANT PAYMENT BY 6-9-03!
THERE IS NO POSTAGE DATE! YOU
WANT PAYMENT BEFORE RECEIVED!
YOU HAVE BEEN REPORTED!

AS AN "OUT OF COURT" SETTLEMENT

Reimburse Lovina Hinten **100** times the
total bill or pay her **10** times the total bill
and stop all required unnecessary testing
which places the individual's health in
danger! Plus, your hospital must use the
P.D.R. at all times or loose licens s!
Plus, reimburse Anthem Senior the
total cost.



Customer Identification Card

OUT OF COURT!
 FREE CHECKING ACCT
021153530
OUT OF COURT!

REV. DEBORAH J HINTEN MS

Present This Card When You Conduct Business.

ADDRESSEE

 HINTEN, LOVINA
5701 LEETONIA RD
LEETONIA, OH 44431-9751

PLEASE PAY THIS AMOUNT

 o obtain an itemized
ay though Friday
ligible for free care.

\$250.00

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW



ACCOUNT NO

STATEMENT DATE

BALANCE DUE

00311500011

05/28/2003

\$250.00

06/09/2003

ENTER AMOUNT PAID

MAKE CHECKS PAYABLE TO:

 ST. ELIZABETH HEALTH CENTER
P.O. BOX 951359
CLEVELAND, OH 44193

0311500011000002500010000013

ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

001222

THIS IS NOT A BILL
EXPLANATION OF MEDICARE BENEFITS



Anthem
Senior Advantage

MH



#BWNQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280208578
Group Number:	M51913164
Claim Number:	11621140300
Date:	4/28/03

DEAR LOVINA HINTEN:

THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
4/15/03	GEN ANCILLARY	\$153.75	\$100.00	\$53.75

PROVIDER SUMMARY

PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$153.75	\$53.75	\$100.00

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT AMOUNT(S) ARE GENERALLY BASED UPON THE LESSOR OF: (1) THE AMOUNT THE PROVIDER HAS AGREED TO ACCEPT AS PAYMENT IN FULL; OR (2) THE PROVIDERS BILLED CHARGES

AS AN "OUT OF COURT" SETTLEMENT
Reimburse Lovina Hinten 100 times the total bill or pay her 10 times the total bill and stop all required unnecessary testing which places the individual's health in danger! Plus, your hospital must use the P.D.R. at all times or lose licenses! Plus, reimburse Anthem Senior the total cost.

THIS IS NOT A BILL

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE. 04272003 0545

M000521020101M



ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

001223

THIS IS NOT A BILL
EXPLANATION OF MEDICARE BENEFITS



Anthem
Senior Advantage

MH



#BWNCQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280209579
Group Number:	M51913164
Claim Number:	11558624300
Date:	4/24/03

DEAR LOVINA HINTEN:

THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
4/11/03	PATHOLOGY	\$53.00		\$53.00
4/11/03	PATHOLOGY	\$42.75		\$42.75
4/11/03	PATHOLOGY	\$111.75		\$111.75
4/11/03	PATHOLOGY	\$72.00		\$72.00
4/11/03	DIAG X-RAY	\$121.25	\$24.25	\$97.00
4/11/03	GEN ANCILLARY	\$153.75	\$75.75	\$78.00

PROVIDER SUMMARY

PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$554.50	\$454.50	\$100.00

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED

YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYM
THE PROVIDER HAS AGREED TO ACCEPT AS PAYME

AS AN "OUT OF COURT" SETTLEMENT OF: (1) THE AMOUNT
Reimburse Lovina Hinten 100 times the total
bill or pay her 10 times the total bill and stop
all required unnecessary testing which places
the individual's health in danger! Plus, your
hospital must use the P.D.R. at all times or
lose licenses! Plus, reimburse Anthem
Senior the total cost.

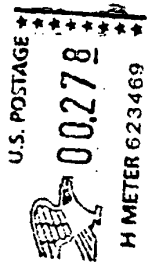


Anthem Blue Cross and Blue Shield
1351 William Howard Taft Road
Cincinnati, OH 45206-1775

ADDRESS SERVICE REQUESTED



POSTAGE
PAID
CINCINNATI, OH
PERMIT NO. 1000
GPO



#BWNCQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

NEAR LOVINA HINTEN:

C-BCZM5 44431

E-3-A Rev.12/02

ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

001180

THIS IS NOT A BILL
EXPLANATION OF MEDICARE BENEFITS

Anthem. 

Anthem
Senior Advantage

MH



#BWNCQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280209579
Group Number:	M51913164
Claim Number:	11720515300
Date:	5/08/03

DEAR LOVINA HINTEN:
THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
4/17/03	DIAG MEDICAL	\$261.00	\$30.00	\$231.00
4/17/03	DIAG MEDICAL	\$267.25	\$30.00	\$237.25

PROVIDER SUMMARY

PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$528.25	\$468.25	\$60.00

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT AMOUNT(S) ARE GENERALLY BASED UPON THE LESSOR OF: (1) THE AMOUNT THE PROVIDER HAS AGREED TO ACCEPT AS PAYMENT IN FULL; OR (2) THE PROVIDERS BILLED CHARGES

AS AN "OUT OF COURT" SETTLEMENT
Reimburse Lovina Hinten 100 times the total bill or pay her 10 times the total bill and stop all required unnecessary testing which places the individual's health in danger! Plus, your hospital must use the P.D.R. at all times or loose licenses! Plus, reimburse Anthem Senior the total cost.



ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WM. HOWARD TAFT RD.
DEPARTMENT CW3-037
CINCINNATI, OH 45206
TDD (888) 853-7754
800-467-1199

001181

THIS IS NOT A BILL

EXPLANATION OF MEDICARE BENEFITS

Anthem. 

Anthem
Senior Advantage

MH



#BWNQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

Patient:	LOVINA
ID Number:	280209579
Group Number:	M51913164
Claim Number:	11736591300
Date:	5/09/03

DEAR LOVINA HINTEN:

THIS IS AN EXPLANATION OF THE CLAIM(S) PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU.
REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THIS FORM.
IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY.

DATE OF SERVICE**	TYPE OF SERVICE	BILLED CHARGES	(-) CO-INSURANCE	TOTAL AMOUNT SATISFIED*
4/25/03	OPERATING ROOM	\$939.25	\$250.00	\$689.25

PROVIDER SUMMARY

PROVIDER	BILLED CHARGES	TOTAL SATISFIED BY ANTHEM PAYMENT PROVIDER	AMOUNT YOU OWE TO THE PROVIDER
ST ELIZABETH HEALTH CTR 1044 BELMONT AVE PO BOX 1790 YOUNGSTOWN, OH 44501	\$939.25	\$689.25	\$250.00

*AMOUNT SHOWN IS THE AMOUNT OF YOUR PROVIDER'S BILL SATISFIED BY US. WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO SATISFY OUR PORTION OF THE BILL ON A BASIS DIFFERENT FROM THE AMOUNT BILLED BY THE PROVIDER.

**CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

YOUR DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT AMOUNT(S) ARE GENERALLY BASED UPON THE LESSOR OF: (1) THE AMOUNT THE PROVIDER HAS AGREED TO ACCEPT AS PAID FOR THE SERVICES OR (2) THE PROVIDER'S BILLED CHARGES

AS AN "OUT OF COURT" SETTLEMENT
Reimburse Lovina Hinten **100** times the total bill or pay her **10** times the total bill and stop all required unnecessary testing which places the individual's health in danger! Plus, your hospital must use the **P.D.R.** at all times or loose licenses! Plus, reimburse Anthem Senior the total cost.

THIS IS NOT A BILL

PLEASE RETAIN FOR YOUR RECORDS. THIS IS THE ONLY COPY YOU WILL RECEIVE. 05112003 1025

4005040202004



Anthem.

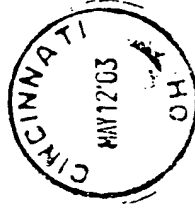


#BWNCQXF
#MH/2401797902DS3#
LOVINA HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

DATE 11/15/44

E-3-A Rev.12/02

PREPARED
FIRST CLASS

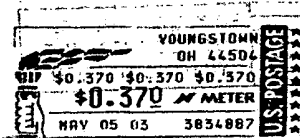
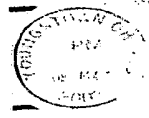


... POSTAGE

00278

HMEYER 604864

The Kidney Group, Inc.
1340 Belmont Ave. Suite 2300
Youngstown, Ohio 44504



OUT OF COURT!

Customer Identification Card

FREE CHECKING ACCT
021153630

REV. DEBORAH J HINTEN MS

Present This Card When You Conduct Business.

Lovina Hinten
701 Leetonia Rd
Leetonia Ohio 44431

Monthly Blood Work

THE KIDNEY GROUP, INC.

NEPHROLOGY / HYPERTENSION

1340 BELMONT AVENUE, SUITE 2300 • YOUNGSTOWN, OHIO 44504

PHONE 330.746.1488 FAX 330.746.5611

TOLL FREE 1.877.746.1488

AS AN "OUT OF COURT" SETTLEMENT

Reimburse Lovina Hinten 100 times the total bill or pay her 100 times the total bill and stop all required unnecessary testing which places the individual's health in danger! Plus, your hospital must use the P.D.R. at all times or loose licenses! Plus, reimburse Anthem Senior the total cost.

Lovina's veins are rolling and fragile. Lovina must have a monthly warfarin testing. Any other testing must be kept to a bare minimal. Please keep this quarterly or figure out another method. Lovina never has enough healing time to completely recover. Plus, provide all services for free from this point. **YOU OWE US. YOU DID NOT CONSULT HER LABS BEFORE INSTRUCTING US TO COME TO THE \$3,000.00 PER MONTH SALES PITCH. LOVINA BELIEVED THAT SHE WAS DYING. I HAD TO DO ALL THE MEDICAL RESEARCH PLUS PROVIDE 24 HOUR CARE!**

Label: ☐ Yes ☐ No

Refill _____ Times

A.P. Biscardi, D.O.

A.S. Bains, M.D.

L.G. Vassilarios, M.D.

B.D. Patel, M.D.

R. Sankararajan, M.D.

S.A. Soliman, M.D.

N.S. Doe, M.D.

LOVINA WAS TOLD BY A LOCAL KIDNEY SPECIALIST THAT SHE NEEDED DIALYSIS. THE DOCTOR NEVER CONSULTED THE PHYSICIANS DESK REFERENCE OR CLEVELAND CLINIC'S LAB REPORTS. THE MEDICATION CAUSES THE WHOLE ISSUE. ACCORDING TO CLEVELAND CLINIC'S LAB REPORTS LOVINA DID NOT EVEN NEED DIALYSIS. DIALYSIS COST \$3,000.00 PER MONTH AND MAY HAVE KILLED LOVINA. LOVINA HAD A WEAKNESS FOR COLLECTING WATER ON HER LUNGS. NOW THAT HAS BEEN CONTROLLED WITH ADDITIONAL HERBS.

ANTHEM BCBS OH FMC1-MB1 CW2-038
1351 Wm Howard Taft
Cincinnati, OH 45206-1775



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
© Registered marks Blue Cross and Blue Shield Association.



#BWNCQXF
#AIM0000000000DS0#FMC1-MB1 CW2-038
Hinten, Lovina K
5701 Leetonia Rd.
Leetonia, OH 44431-9751

Identification #: 280209579
Due Date: 06-01-2003
Billing Date: 05-04-2003
Coverage Period From: 06-01-2003
Coverage Period Through: 06-30-2003
Group #: 00081503-0000
Total Amount Due: \$25.00
Invoice #: 002374792

(See Reverse For Details)

Member Service Number: 1-800-467-1199 or TDD 1-888-853-7754

Hours of Operations: 8:30 a.m. - 5:00 p.m.

Document Approval Number: 2003-63-6D
1/2003

Insurance was prepaid for the first six months!

KENNETH F. HINTEN
LOVINA K. HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431-9751

DATE: DEC-30-2002

2204

ANthem Blue Cross And Blue Shield \$ 150.00

ONE HUNDRED FIFTY DOLLARS AND 00/100

03/03 2204 150.00

Rev Deborah Jean Hinten MS

DETACH AND RETURN LOWER PORTION WITH YOUR PAYMENT

RETURN THIS WITH YOUR PAYMENT - DO NOT STAPLE

Hinten, Lovina K - 280209579

Group No.	From Date	Through Date	Due Date
00081503-0000	06/01/2003	06/30/2003	06/01/2003
Amount Due		Amount Paid	
\$25.00			

Unit No. 001

FMC1-MB1



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
© Registered marks Blue Cross and Blue Shield Association.

MAKE CHECKS PAYABLE TO
ANTHEM BLUE CROSS BLUE SHIELD



Anthem BCBS ASA
PO Box 790399
ST LOUIS MO 63179-0399

700081503000028020957980601200300000025000010

Anthem Blue Cross and Blue Shield
1351 William Howard Taft Road
Cincinnati, OH 45206-1775

ADDRESS SERVICE REQUESTED



CLASS
1000
1000
1000
1000



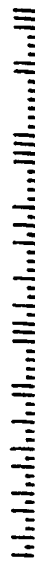
U.S. POSTAGE
00.278
H METER 603317



#BWNCQXF
#AIM0000000000DS0#FMC1-MB1 CW2-038
Hinten, Lovina K
5701 Leetonia Rd.
Leetonia, OH 44431-9751

E-3A Rev.12/02

CXHTZM3 44431



ANTHEM BCBS OH FMC1-MB1 CW2-038
1351 Wm Howard Taft
Cincinnati, OH 45206-1775



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue
Cross and Blue Shield is the trade name of Community Insurance Company.
© Registered marks Blue Cross and Blue Shield Association.



#BWNCQXF
#AIM0000000000DS0#FMC1-MB1 CW2-038
Hinten, Kenneth F
5701 Leetonia Rd
Leetonia, OH 44431-9751

Identification #: 295076012
Due Date: 06-01-2003
Billing Date: 05-04-2003
Coverage Period From: 06-01-2003
Coverage Period Through: 06-30-2003
Group #: 00081503-0000
Total Amount Due: \$25.00
Invoice #: 002367824

(See Reverse For Details)

Member Service Number: 1-800-467-1199 or TDD 1-888-853-7754

Hours of Operations: 8:30 a.m. - 5:00 p.m.

Document Approval Number: 2003-63-6D
1/2003

Insurance was prepaid for the first six
1/03/03 2199 23.54 months!

KENNETH F. HINTEN LOVINA K. HINTEN 5701 LEETONIA RD. LEETONIA, OH 44031-9751	12-12-120 40 21000007 De c. 30-2008	2203
---	--	------

PAY TO THE ORDER OF Anthem Blue Cross And Blue Shield \$ 1150.00

ONE THOUSAND FIFTY DOLLARS AND 00/100 CENTS

First of MO.

Signature: *Kenneth F. Hinten*

CO4121138 21 301425008 2203 0000015000

DETACH AND RETURN LOWER PORTION WITH YOUR PAYMENT

RETURN THIS WITH YOUR PAYMENT - DO NOT STAPLE

Hinten, Kenneth F - 295076012

Group No.	From Date	Through Date	Due Date
00081503-0000	06/01/2003	06/30/2003	06/01/2003
Amount Due \$25.00		Amount Paid	

Unit No. 001

FMC1-MB1



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue
Cross and Blue Shield is the trade name of Community Insurance Company.
© Registered marks Blue Cross and Blue Shield Association.

MAKE CHECKS PAYABLE TO
ANTHEM BLUE CROSS BLUE SHIELD

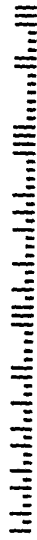


Anthem BCBS ASA
PO Box 790399
ST LOUIS MO 63179-0399

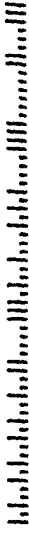
700081503000029507601260601200300000025000016

Anthem Blue Cross and Blue Shield
1351 William Howard Taft Road
Cincinnati, OH 45206-1775

ADDRESS SERVICE REQUESTED



#BWNCQXF
#AIM0000000000DS0#FMC1-MB1 CW2-038
Hinten, Kenneth F
5701 Leetonia Rd
Leetonia, OH 44431-9751



CXHTZM5 44431

ANTHEM BCBS OH FMC1-MB1 CW2-038
1351 Wm Howard Taft
Cincinnati, OH 45206-1775



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
® Registered marks Blue Cross and Blue Shield Association.



#BWNCQXF
#AJM000000000DSO#FMC1-MB1 CW2-038
Hinten, Kenneth F
5701 Leetonia Rd
Leetonia, OH 44431-9751

Identification #: 295076012
Due Date: 07-01-2003
Billing Date: 06-03-2003
Coverage Period From: 07-01-2003
Coverage Period Through: 07-31-2003
Group #: 00081503-0000
Total Amount Due: \$25.00
Invoice #: 002808299

AS AN "OUT OF COURT" SETTLEMENT:
PLEASE PROVIDE THE BEST MEDICAL COVERAGE AVAILABLE TO THE
IMMEDIATE FOUR MEMBER KENNETH HINTEN FAMILY WITH PROVISION
FOR FUTURE MEMBERS.
UNKNOWNLY YOU HAVE BEEN SELLING THREE OF MY FATHER'S
MEDICAL PATENTS AND ONE OF MY OWN. THIS WAS ALL DONE
WITHOUT UNKNOWNLY THE PATENT'S CORRECT OWNER OR PAYMENT.
PLEASE SEE THE ENCLOSED PARTIAL DEPOSITION. YOU NEED TO MAKE
SURE THAT ALL OF YOUR DOCTORS ARE USING THE PHYSICIANS' DESK
REFERENCE WITH ALL PATIENTS. THIS MUST BE COMPANY POLICY
BECAUSE IT IS THE LAW! NONE OF THIS SHOULD HAVE HAPPENED!
THE BILLING TO THE STATE OF OHIO MEDICAL BOARD START LAST
WEEK. AGAIN, THIS IS ALL "OUT OF COURT"!

DETACH AND RETURN LOWER PORTION WITH YOUR PAYMENT

RETURN THIS WITH YOUR PAYMENT - DO NOT STAPLE

Hinten, Kenneth F - 295076012

Group No.	From Date	Through Date	Due Date
00081503-0000	07/01/2003	07/31/2003	07/01/2003
Amount Due \$25.00		Amount Paid	

Unit No. 001

FMC1-MB1



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
® Registered marks Blue Cross and Blue Shield Association.

MAKE CHECKS PAYABLE TO
ANTHEM BLUE CROSS BLUE SHIELD



Anthem BCBS ASA
PO Box 790399
ST LOUIS MO 63179-0399

700081503000029507601280701200300000025000019

MR. JAMES PETRO

OHIO MEDICAL BOARD



Confirmation of Delivery

Shipper No. 475-021 No. 124750210310033007
OAKMONT BUSINESS CENTER

Image of Signature

Jim Kirker

Recipient

KIRKER

Remarks

MAIL ROOM

Delivered 05-14-03

05-13 MISSORT REROUTED



Confirmation of Delivery

Shipper No. 475-021 No. 124750210310033016
OAKMONT BUSINESS CENTER

Image of Signature

John Pennington

Recipient

PENNINGTON

Remarks

RECEPTION

Delivered 05-13-03



Confirmation of Delivery

Shipper No. 475-021 No. 124750210310033025
OAKMONT BUSINESS CENTER

Image of Signature

Paul Blom

Recipient

CROWNER

Remarks

OFFICE

Delivered 05-13-03

OHIO DEPT. HEALTH

OHIO DEPARTMENT OF HEALTH

246 North High Street
Post Office Box 118
Columbus, Ohio 43216-0118

Telephone: (614) 466-3543
www.odh.state.oh.us



BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

May 15, 2003

Rev. Deborah Jean Hinten, M.S.
5701 Leetonia Road
Leetonia, Ohio 44431

RE: Complaint referral

Dear Rev. Hinten:

The Ohio Department of Health (ODH), Division of Quality Assurance (DQA), Complaint Unit, received your complaint on 5/13/03 and has closely reviewed your complaint.

The concerns you raised are beyond the authority or jurisdiction of the Complaint Unit to investigate. Federal and state laws authorize us to investigate complaints regarding licensed and certified health care facilities when specific circumstances appear to exist which would be a violation of the Medicare/Medicaid/State requirements.

For your convenience, we have forwarded a copy of your complaint to the Ohio Medical Board. The address and telephone number are provided below:

Ohio Medical Board
77 South High Street, 17th Floor
Columbus, OH 43215-6127
Telephone: (614) 466-3934

We appreciate your concern and willingness to contact us.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Hanh Le'.

Hanh Le, Complaint Intake Supervisor
Bureau of Diagnostic Safety and Personnel Certification
Division of Quality Assurance

Cc: Ohio Medical Board

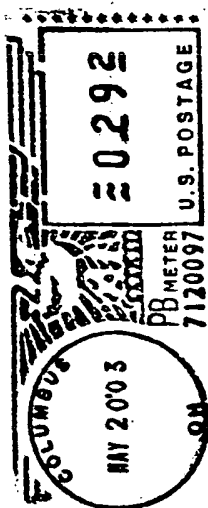
AS A SECOND RESPONSE,
THE STATE HEALTH
DEPARTMENT IS
CHOOSING TO IGNORE
WHAT WAS PRESENTED!

State of Ohio
Department of Health
P.O. Box 118
Columbus, Ohio 43216-0118

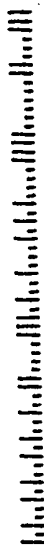
HEA 6407 (Rev. 2/00)

\$4005

PRESORTED
FIRST CLASS



DAEYEM3 44431





STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
JIM PETRO, ATTORNEY GENERAL

30 E. Broad St., 17th Fl.
Columbus, OH 43215-3428
Telephone: (614) 466-4320
Facsimile: (614) 466-5087
www.ag.state.oh.us

May 27, 2003

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431

Dear Rev. Hinten:

Thank you for sending our office copies of numerous documents regarding many different subjects.

Please understand that in Ohio, the Attorney General serves as legal counsel to all state agencies, boards and commissions and the Ohio General Assembly. We are prohibited from intervening in private legal matters. You may wish to discuss your concerns with a private attorney.

Thank you again for contacting our office. Your correspondence will be kept in our records.

Very truly yours,

A handwritten signature in cursive script, reading "Marlene M. Jablonka".

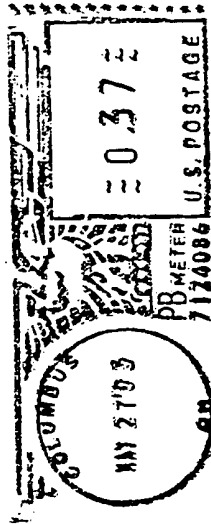
Marlene M. Jablonka
Director of Constituent Services

THE FIRST SENTENCE
PROVES THAT THE FIRST
PAGE OF 925 PAGE
DEPOSITION WAS NEVER
READ!



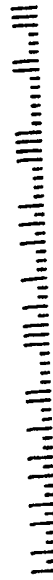
STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
JIM PETRO, ATTORNEY GENERAL

30 E. Broad St.
Columbus, OH 43215-3400



Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431

44431+9751 01





State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

May 27, 2003

Rev. Deborah Hinten
5701 Leetonia Rd.
Leetonia, OH 44431

Dear Rev. Hinten:

Thank you for referring your complaint regarding Dr. Karl Getzinger to the State Medical Board.

Under Ohio law, all Medical Board investigations are confidential and are conducted according to Section 4731.22(F), Ohio Revised Code. The Secretary and Supervising Member of the Board oversee all investigations conducted by the Board.

The time required to thoroughly review a complaint, to conduct an investigation if warranted, and to determine what action, if any, should be taken, varies with each complaint. You may call the Public Inquiries Department at (614) 728-3114 weekdays between 8:30 a.m. and 4:30 p.m. or you may leave a message at 1-800-554-7717 for a return call regarding the status of your complaint. You will be notified in writing when our review of your concerns is complete and whether or not disciplinary action was taken against the licensee on the basis of your complaint. Please find enclosed the "Consumer's Guide to the State Medical Board of Ohio," which contains further information about the complaint process.

We appreciate the opportunity to review this matter.

Sincerely,

Sue Bigham
Public Inquiries Officer

PROOF THAT DEPOSITION WAS NEVER READ!

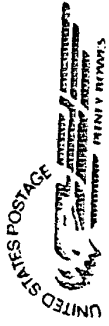
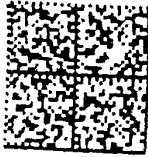
1. All entrees were reported correctly
2. Returned letter only listed one reported doctor
3. I was given no written complaint number
4. There was no acknowledgement om my complaint content which matched perfectly their legal grounds for investigation and revoking licenses



State Medical Board of Ohio

77 S. High St., 17th Floor
Columbus, Ohio 43215-6127

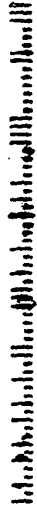
PRESORTED
FIRST CLASS



02 1A \$00.517
0004321642 MAY 28 2003
MAILED FROM ZIP CODE 43215

REV. DEBORAH HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44431

DJBKBM3



LAST PAGE OF
STATE MEDICAL
GUIDE IS
MISSING!



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med

July 8, 2003

Rev. Deborah Jean Hinten, M.D.
5701 Leetonia Road
Leetonia, OH 44431

Dear Rev. Hinten:

The State Medical Board of Ohio has received your recent correspondence wherein you stated that you have an out-of-court settlement with the Board and demanded that the Board pay certain bills on your behalf.

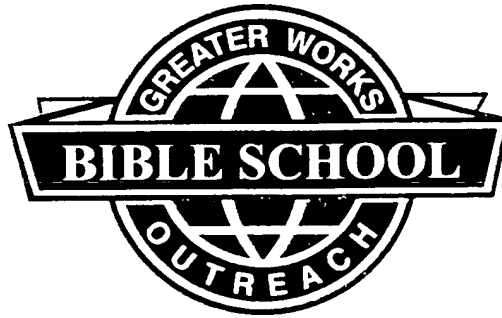
I have reviewed the Board's records and find no evidence of any out-of-court settlements between the Board and you. Further, the Medical Board is an agency that licenses certain medical professionals and enforces laws regarding the practice of medicine in Ohio. The Board has no authority to expend State funds to reimburse your living expenses.

I am returning to you the various bills and trust that you will make proper arrangements.

Sincerely,

Barbara A. Jacobs
Public Services Administrator

Enclosures **THE STATE MEDICAL BOARD IS TOO
SMALL TO ENFORCE THE LAW
INVOLVING ITS' OWN MEMBERS!
EVERYONE ELSE HAS TO OBEY THE
LAW BUT THEY DON'T!**



Congratulations on another year of ministry. It is an honor for Greater Works Outreach to recognize your ministry by way of your ordination renewal. I pray this upcoming year will find you very active in the Lord's harvest. Needless to say, this is a very hard time for Christianity, and it is imperative that we keep our lights shining. No matter how much people may malign Christianity, they cannot deny the good works of a believer.

Your renewal to the School of Ministry is very much appreciated and very much needed. I thank you for it, and may God's blessing be upon you and your ministry in this next coming year.

"As long as it is day, we must do the work of Him who sent me. Night is coming, when no man can work." John 9:4

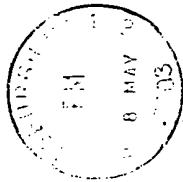
In His Love and Service,

Rev. Andrew P. Mitrik
Dean, School of Ministry

	GREATER WORKS OUTREACH BIBLE SCHOOL 301 COLLEGE PARK DRIVE, MONROEVILLE PA 15146
This certifies that	
REV. <u>DEBORAH JEAN HINTEN M.S.</u>	
Is hereby recognized by the Board of Directors of Greater Works Outreach as an ordained minister of the Gospel in good standing and affiliated with Greater Works Outreach.	
5/30/04	The Credentials Committee
Expires	 Director, Greater Works Outreach
 Dean, Greater Works Outreach Bible School	

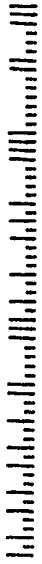


301 COLLEGE PARK DRIVE
MONROEVILLE, PA 15146



REV. DEBORAH HINTEN
5701 Leetonia Road
Leetonia, OH 44431

44431+9731 01



Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431
Telephone: (330) 424-9171
July 2, 2003
Page 1

Bishop and Rev. Joseph Garlington
Covenant Church Of Pittsburgh
1111 Woods Street
Wilkinsburg, Pennsylvania
15221-2049

Dear Bishop and Rev. Garlington,

Would you please help me? Over twenty years ago (early 1980's), I willingly laid down my state counseling license to prevent the State Of Ohio Counselors And Social Worker Board from unwarranted gossiping about President Ronald Reagan. Here Rev. Pat Robertson gossiped nationally about the President and Thomas Thomas. I knew the true inside White House story!

To make it short, Rev. Gary Mitrick peddled the story years ago at a Greater Works Outreach Holy Spirit Seminar. Now my life is "GOING OUT OF COURT"! As you will see, I am beginning to bill the State Of Ohio Medical Board and the State Of Ohio Counselors And Social Workers Board for not obeying the law and for damages.

Now all of this was caught "OUT OF COURT" and in the Holy Spirit through prophesy in Dayton, Ohio in 1978 and 1980. In fact, it was mentioned several times during the "JESUS MOVEMENT" in the early 1970's. My youthful stuttering pastor, Rev. David Stryffeler, snicker at accepting the call. with "What are you going to say after that, THE WHITE HOUSE!" As an eavesdropper, I prayed, "YES, LORD! DO IT!"

Now it is very difficult for me to believe that the Lord chose me to lead the Church in ordaining three God fearing United States Presidents. Plus, the Lord wants all of the prophets and their spouses to be ordained. After all this would be the prophets rereward!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431
Telephone: (330) 424-9171
July 2, 2003
Page 2

As you will notice, I have Cerebral Palsy. Needless to say, some charismatic ministers see it as a point of unbelief.

Please sir, help me! No one likes this one because many have been caught, especially Rev. Gary Mitrick and possibly Rev. Andrew Mitrick. In fact their verbal response was, "Oh, damn!"

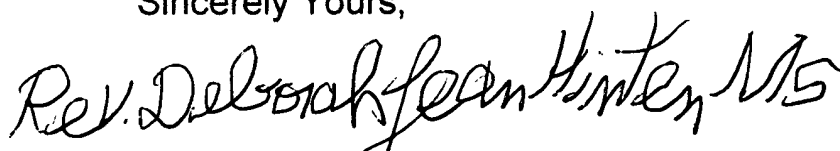
To attend the Holy Spirit Seminar on July 14 and 15, we (my elderly spiritfilled mother and I) both need scooters or a personal attendant for each with the ability to push complementary wheelchairs.

The seven medical patents have not been submitted yet. One patent has been "kidnapped" by a local podiatrist. Three of my father's (Kenneth Franklin Hinten) have been on the market for years without his permission. We could sue each and every hospital in the U.S.A.. Now the whole country is caught in not using the Physicians' Desk Reference!

This is a web of life, pointing out the egos of man's pride and pointing them to JESUS, the author and finisher of our faith!

Please read Psalm 9.

Sincerely Yours,

A handwritten signature in cursive script that reads "Rev. Deborah Jean Hinten M.S." with a stylized flourish at the end.

Rev. Deborah Jean Hinten M.S.

P.S. Lovina (a diabetic) is 83 and Kenneth (problems with low sugar) is 81. Lovina, having so many health issues may not come. Needless to say, I am their 24 hour doctor, nurse, maid and cook (better skip the last). Being gone for 24 hours is about their limit. If Lovina comes, either she will join me for a limited time and/or rest at the closest Days Inn. Needless to say, if this happens, the time at the seminar will be limited.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431
Telephone: 1-(330) 424-9171

President George Bush Jr.
1600 Pennsylvania NW
Washington, D.C.
20500

Dear President Bush,

As an "OUT OF COURT" REQUEST, please invited and honor Rev. Deborah Jean Hinten M.S. and her immediate family (4 members total). All expenses paid by the government.

Please review all materials sent by Express Mail (*EU702473206US*) on October 29, 2002. The returned receipt was forwarded November 12, 2002. The packet included a video and transcript.

There are at least seven medical patents. The decoding the Physicians' Desk Reference patent will save thousands of dollars per individual! This patent alone will solve the Medicare situation.

You may not be aware that Congress passed the law that NO DOCTOR HAS THE USE THE PHYSICIANS' DESK REFERENCE! In other words, the doctors are hiding behind their laziness behind the law!

The State Of Ohio Social Workers and Counselors Board was and still is doing the same thing. However, I choose to defend FORMER PRESIDENT RONALD REAGAN with my life style! Please honor me for this sixteen to twenty year Christian stand.

Plus, at least three medical patents were stolen from my father. The patents have helped millions.

Please the medical patents were and are for America! Please may we have a "free ride" from now on! PLUS WE NEED THE BEST MEDICAL POSSIBLE ATTENTION (DOCTORS WHO WILL USE THE PHYSICIANS' DESK REFERENCE AND HERBS)!

A five hundred (500) page deposition can be found through Congressman's Ted Strickland's office.

My E-mail address is Revdeborahj@aol.com.

Thank for your immediate response.

Sincerely Yours,

Rev. Deborah Jean Hinten M.S.
Rev. D borah Jean Hinten M.S.

```
*****  
TRANSACTION REPORT  
JAN-24-03 FRI 02:50 PM  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598  
  
SEND  
  
DATE START RECEIVER PAGES TIME NOTE  
JAN-24 02:49 PM 12024562461 1 000 OK  
*****
```

```
*****  
TRANSACTION REPORT  
*****  
JAN-24-03 FRI 02:50 PM *****  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598 *****  
  
SEND *****  
  
DATE START RECEIVER PAGES TIME NOTE *****  
JAN-24 02:49 PM 12024562461 1 000 OK *****
```

```
*****  
TRANSACTION REPORT  
*****  
JAN-24-03 FRI 02:50 PM *****  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598 *****  
  
SEND *****  
  
DATE START RECEIVER PAGES TIME NOTE *****  
JAN-24 02:49 PM 12024562461 1 000 OK *****
```

```
*****  
TRANSACTION REPORT  
JAN-24-03 FRI 02:50 PM  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598  
  
SEND  
  
DATE START RECEIVER PAGES TIME NOTE  
JAN-24 02:49 PM 12024562461 1 000 OK  
*****
```

```
*****  
TRANSACTION REPORT  
JAN-24-03 FRI 02:50 PM  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598  
  
SEND  
  
DATE START RECEIVER PAGES TIME NOTE  
JAN-24 02:49 PM 12024562461 1 000 OK  
*****
```

```
*****  
TRANSACTION REPORT  
JAN-24-03 FRI 02:50 PM  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598  
  
SEND  
  
DATE START RECEIVER PAGES TIME NOTE  
JAN-24 02:49 PM 12024562461 1 000 OK  
*****
```

```
*****  
TRANSACTION REPORT  
*****  
JAN-24-03 FRI 02:50 PM *****  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598 *****  
  
SEND *****  
  
DATE START RECEIVER PAGES TIME NOTE *****  
JAN-24 02:49 PM 12024562461 1 000 OK *****
```

```
*****  
TRANSACTION REPORT  
JAN-24-03 FRI 02:50 PM  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598  
  
SEND  
  
DATE START RECEIVER PAGES TIME NOTE  
JAN-24 02:49 PM 12024562461 1 000 OK  
*****
```

```
*****  
TRANSACTION REPORT  
JAN-24-03 FRI 02:50 PM  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598  
  
SEND  
  
DATE START RECEIVER PAGES TIME NOTE  
JAN-24 02:49 PM 12024562461 1 000 OK  
*****
```

```
*****  
TRANSACTION REPORT  
*****  
JAN-24-03 FRI 02:50 PM *****  
  
FOR: OAKMONT BUSINESS CENTER 330 487 5598 *****  
  
SEND *****  
  
DATE START RECEIVER PAGES TIME NOTE *****  
JAN-24 02:49 PM 12024562461 1 000 OK *****
```

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
84

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

May 7, 2003

Ohio Medical Board
77 South High Street
17th Floor
Columbus, Ohio
43215-6127

Dear Sirs,

This is an "OUT OF COURT" deposition! Your immediate attention is requested.

Please provide open doors for all those concern.

Thank you!

Sincerely Yours,

Rev Deborah Jean Hinten MS
Rev. Deborah Jean Hinten M.S.

TIM WILSON
Notary Public, State of Ohio
Commission Expires January 22, 2008

Tim Wilson

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

Date: September 14, 2001

Ohio State Medical Board
77 S. High Street 17th Floor
Columbus, Ohio

43215

Dear Sirs,

Please help me! My mother is seriously ill with
pulmonary edema. She needs YOUR immediate medical
attention!

Please contact Special Agent Kenneth J. Hovanic
at the
Ohio Bureau Of Criminal Identification And Investigation
in Boardman, Ohio. Their telephone number is
(330) 965-8275 or they can be contacted by FAX
(330) 965-8290.

Right now my mother is the most important person in
the world!

PLEASE HELP ME!

Sincerely Yours,

Rev. Deborah Jean Hinten M.S.
Rev. Deborah Jean Hinten M.S.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

July 7, 2003

ST. ELIZABETH HOSPITAL
1044 Belmont Ave.
Youngstown, Ohio
44501

Dear Sirs,

Enclosed is my "OUT OF COURT" deposition! Your immediate attention is requested.

Thank you!

Sincerely Yours,

Rev. Deborah Jean Hinten MS
Rev. Deborah Jean Hinten M.S.

TIM WILSON
Notary Public, State of Ohio
Commission Expires January 22, 2008

Tim Wilson

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171
July 7, 2003

Ohio Senior Health Insurance Information
Program
2100 Stell Court Columbus, Ohio
43215

Dear Sirs,

This "OUT OF COURT" deposition was sent to the Ohio Medical Board on May 12, 2003! As of their last correspondence they has NO EVIDENCE OF SUCH. Please do something about this! It is an ignored national medical epidemic! Your immediate attention is requested.

AS A SOLUTION, THE LORD SHOWED ME HOW TO DECODE
THE PHYSICIANS' DESK REFERENCE AND SIX OTHER
MEDICAL PATENTS!

I LAID DOWN MY COUNSELING LICENSE IN THE 1980'S
BECAUSE OF UNWARRANTED GOSSIP ABOUT FORMER
PRESENT RONALD REAGAN. THREE PRESIDENTS KNOW
ABOUT IT, BUT THE STATE AUTHORITIES ARE STILL PASSING
THE BUCK INSTEAD OF ROLLING HEADS!

Thank you!

Sincerely Yours,

Rev. Deborah Jean Hinten MS
Rev. Deborah Jean Hinten M.S.

TIM WILSON
Notary Public, State of Ohio
Commission Expires January 22, 2008

Tim Wilson

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

April 7, 2003

Listing -Doctors-1

Name of Doctor, Address,
Telephone:

Doctor Karl Getzinger
356 East Lincoln Way
Lisbon, Ohio
44432
(330) 424-1404

Complaint:
NEVER CONSULTED THE
PHYSICIANS' DESK REFERENCE
OR ANY OTHER MEDICAL
RESOURCE TEXT CONCERNING
MEDICATION SIDE EFFECTS!

Lovina was over medicated most of the time. Then Dr. Getzinger inferred that Lovina was emotionally depressed. Each time Dr. Getzinger refused to consult the **P.D.R.** and insisted that the breathing inhalant solution would not cause an unbearable sore mouth.

Plus, Lovina's life was on the line at all times. We were issued a verbal death certificate. In fact I told my father, "If he did not seek a second medical opinion and/or Lovina died within the next six months, I WOULD CHARGE BOTH HE AND DR. KARL GETZINGER WITH MURDER! ALL DR. KARL GETZINGER NEEDED TO DO WAS TO CHECK THE **P.D.R.!**"

The prescribed medication could cause bronchial pneumonia and edema. Lovina had both. In fact Lovina had her lungs drained several times and was still gaining fluid daily.
CONSULT DEPOSITION!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-2

Name of Doctor, Address,
Telephone:

Doctor Maria Ryhal
356 East Lincoln Way
Lisbon, Ohio
44432
(330) 424-1404

Complaint

Several times I asked the doctor to
please consult the Physicians' Desk
Reference!

I use the the Pill Book, which is the
same thing. It is the layman's copy.

Now this is what the doctor wrote in her
notes. **As you can see the doctor never
looked up the medicine which I had
already had!**

2/21/01 HINTON, Lovina

S: Patient in with her husband and daughter to review her medications. They bring in a whole box full of things. She has two different doses of potassium. She apparently taking the one 4 x times a day and decided that the other one made her deathly ill. Decided also that the Aldactone worsened her shortness of breath. I think it is probably the daughter who is calling all the shots here. She makes some kind of wild accusations about the care that her mother has received here and us giving her medications that are going to harm or kill her. She has a book in with her reviewing the Aldactone. Discussed the fact that I am not interested in seeing her mother any longer as a patient and has 30 days to find a new physician. Given some suggestions and the fact that maybe an internist would work better with all of her medical problems. Advised we would offer emergency care for 30 days. A repeat potassium was 5.9. Her potassium was decreased to b.i.d. from q.i.d.

MLR/meb

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-3

FAMILY HEALTH CARE OF COLUMBIANA COUNTY, INC.

Karl E. Getzinger, M.D.

Maria L. Ryhal, M.D.

Lori A. Crowl, M.D.

356 EAST LINCOLN WAY
LISBON, OHIO 44432
TELEPHONE (330) 424-1404

166 VINE STREET
SALEM, OHIO 44460
TELEPHONE (330) 337-3500

February 22, 2001

Mrs. Lovina Hinten
5701 Leetonia Rd.
Leetonia, Ohio 44431

Dear Mrs. Hinten:

Recently there has been a problem with you being non-compliant with the Doctor's recommendations concerning the management of your medical care.

Due to these difference of opinions, The Doctor's feel they can not continue to administer medical care to you.

Medical services will be rendered to you for 30 days. This allows you time to become established with a new physician. A record release has been enclosed. Once you have established with a physician, please complete and return the form to our office. Your medical records will be forwarded directly to your new physician.

I will be sending a copy of this letter to Anthem Senior Advantage to notify them that you will be calling to request your Primary Care Physician be changed.

Sincerely,

Mary Witherow
Mary Witherow
Office Manager

Enclosure

CC: Anthem Senior Advantage

Complaint

Then of all things, Dr. Maria Ryhal dismissed us (Lovina and I) for **NO REASON!** The only reason is the doctor refused to look up the medication! She called both my mother and I as "non-compliant"! A copy was sent to Lovina's insurance company. This demonstrates that Dr. Ryhal was not interested in Lovina's life but rather in her own professional PRIDE!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio 44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-4

Complaint

Lovina could have died countless times. Just because doctor Maria Ryhal was to stubborn to consult the Physicians' ask Reference.

As you can see, the P.D.R. gives this obvious **WARNING** or asthma, bronchitis and nonfunctioning kidneys. Lovina as a weakness for both. Please request deposition! This is nly on example of Dr. Maria Ryhal refusing to listen to side ffects and r search. Dr. Maria Ryhal, once responded with, "I **M THE DOCTOR!**"

MANY TIMES DOCTOR MARIA RYHAL GAVE THE APRESSION THAT SHE WAS CONSULTING THE P.D.R. CONCERNING SIDE EFFECTS WHEN IN REALITY, SHE WAS EEING ANOTHER PATIENT!

Brand Name

Dyazide

Generic Ingredients

Hydrochlorothiazide + Triamterene **(G)**

Other Brand Names

Maxzide

Maxzide -25MG

DYAZIDE

The information in this profile also applies to the following drugs:

Generic Ingredients: Amiloride + Hydrochlorothiazide
Moduretic

Generic Ingredients: Spironolactone + Hydrochlorothiazide
Aldactazide

Type of Drug

Diuretic.

Prescribed for

Hypertension (high blood pressure) or any condition where it is desirable to eliminate excess water from the body.

General Information

A diuretic is an agent that increases urination. Dyazide combination of 2 diuretics—a thiazide diuretic and a potassium-sparing diuretic—and is a convenient, effective approach to the treatment of diseases where the elimination of excess water is required. One of the ingredients, triamterene, has the ability to hold potassium in the body while producing a diuretic effect. This balances the other ingredient, hydrochlorothiazide, which normally causes a loss of body potassium. Different brand-name and generic products contain different concentrations of these 2 ingredients. Dyazide should be used only when you need the exact proportion of ingredients contained in this particular product and when you will benefit from the convenience of taking these 2 ingredients in a single pill.

Cautions and Warnings

Do not use Dyazide if you have **nonfunctioning kidneys**, a **heart attack** to this drug or any **sulfa** drug, or have a history of **allergy** or **bronchial asthma**.

Do not take any **potassium** supplement with Dyazide unless specifically directed to do so by your doctor.

Possible Side Effects

▼ Most common: appetite loss, drowsiness, lethargy, headache, gastrointestinal upset, cramping, and diarrhea.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-5

Name of Doctor, Address, Telephone:
Doctor Maria Ryhal
356 East Lincoln Way
Lisbon, Ohio
44432
(330) 424-1404

Complaint

THIS COMPLAINT WAS ACCUSING ME FOR NO REASON. I WAS DOING ALL THE MEDICAL RESEARCH POSSIBLE TO SAVE LOVINA'S LIFE. ALL I GOT WAS A GOD TYPE COCKY KNOW IT ALL RESPONSES. FOR EXAMPLE, WE WERE NEVER GIVEN AN INSULIN GUIDE OR SLIDING-SCALE. I WAS TOLD BY ONE OF DR. MARIA RYHAL'S NURSES, "OH, YOU WILL FIGURE IT OUT!"

IN TURN I CAN CHARGE DR. MARIA RYHAL WITH MEDICAL NEGLECT AND ATTEMPTED MURDER BY REFUSING TO CONSULT THE P.D.R.!

Letter of Intent

A REPORT OF POSSIBLE ABUSE/NEGLECT/EXPLOITATION OF AN ADULT
(Ohio Revised Code 5101.62)

The Columbiana County Department of Job and Family Services has received a report that you might be at risk of one or more of the following: self neglect, neglect, financial exploitation or abuse. This means that, for some reason, you may not have been receiving the type of care you may need, or may not be able to protect your interests. Under the law, it is the job of the Columbiana County Department of Job and Family Services to investigate this report and determine whether you are in danger or might suffer physical or financial injury, and to offer services for your help if they are needed and available.

I am in no danger

Lorrie Hinten

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-6

Name of Doctor, Address, Telephone:
Doctor Maria Ryhal
356 East Lincoln Way
Lisbon, Ohio
44432
(330) 424-1404

Complaint

Dr. Maria Ryhal made it known that only she could approve emergency treatment or referral.

Dr. Maria Ryhal made it known that regular month check up had to scheduled separately from any other need which may arise. The two or three doctor's appointments could never be combined. Then we were told the our insurance would no longer pay. We were coming in too often. Dr. Maria Ryhal's office staff implied that it was all our fault!

Dr. Maria Ryhal office scales was Anthem's free diabetic patient scale which was difficult to use if elderly or physically disabled.

Dr. Maria Ryhal purposefully implied that I was emotionally unstable and reported to me as a possible "mince to society". Here I was and still am **"GOING OF OF COURT WITH MY LIFE"**, TRYING TO KEEP LOVINA HEALTHY AND TRYING TO LEARN HOW TO RELAX! Dr. Maria Ryhal never believed that I am a unlicensed Mental Health Counselor and an ordained minister. **AGAIN I JUST ASKED DR. MARIA RYHAL TO CONSULT THE PHYSICIANS' DESK REFERENCE!**

Dr. Maria Ryhal refused to release Lovina's complete medical file (TWO NOTEBOOKS THICK). I was given Dr. Maria Ryhal's personal notes. Dr. Maria Ryhal lied to Office Jones and myself about forward Lovina's medical records. Plus, I WAS TOLD TO CONTACT DR. MARIA RYHAL'S LAWYER TO OBTAIN THE REMAINDER OF LOVINA'S RECORDS.

LOVINA'S LIFE WAS ON THE LINE AND DR. MARIA RYHAL WAS REFUSING TO RELEASE THE COMPLETE SET OF RECORDS.

Dr. Maria Ryhal accused me of loitering! ALL I WANTED AND NEEDED WAS A COMPLETE SET OF MEDICAL RECORDS CONCERNING LOVINA AND MYSELF. Oh, Officer Jones knows that he was caught never following up "Lovina's medical records which never traveled".

PLEASE INDICT DR. MARIA RYHAL FOR ATTEMPTED MURDER!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-7

Name of Hospital, Address, Telephone:
Salem Community Hospital
1995 East State Street
Salem, Ohio 44460
(330) 332-1551
General Information

Complaint

Lovina's life was in continual danger! Lovina is an atypical diabetic. Thusly, Lovina needs sugar within three minutes. At the Salem Community Hospital, Lovina was not allowed to keep candy at her bedside. Then the already warned nursing staff did not respond immediately. Lovina had several night sweats per night with glucose "nose dives" during their care! The Salem Community Hospital's nursing staff responded, "We are just following the doctor's orders!"

Why can not a nurse use good common sense!

Lovina did not receive any wound care on weekends. Plus, I was given a hassle when I treated the wound that they were paid to treat and was not treating!

In another instance, there were no explanations of medical procedures. Even though I have very limited medical knowledge, I had to explain to the medical staff that Lovina had a understandable "panic attack"! The Salem Community Hospital staff did not take the time or to explain/teach Lovina "how to breath independently without oxygen!" The Salem Community Hospital staff just took off the oxygen and walked out of the room! Immediately Lovina was in distress! The deal was to "Try her!" But Dr. Karl Getzinger's written orders was to disconnect! If I had not known any medical knowledge, Dr. Karl Getzinger and the Salem Community Hospital would have reported and charged with murder!

In the name of physical therapy, the patient is expected to exercise even when the patient's sugar extremely lever is low. This is dangerous for a diabetic. In other words, the rapy is given at the convenience of the therapist. In fact in many instances therapy is given under doctor's orders, when the patient is not physically capable and should be on total bed rest.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-8

Name of Hospital, Address, Telephone:
Salem Community Hospital
1995 East State Street
Salem, Ohio 44460
(330) 332-1551
General Information

Complaint

In fact I have witnessed a Salem Community Hospital's physical therapist make a triple-bypass heart patient use a tool to pull up her socks as she sat in a wheelchair. On the other hand, this female elderly patient was suppose to use her heart shape pillow at all times. Plus, she was forced to do it or the Salem Community Hospital's physical therapy staff had the authority to push her into a rehabilitation center. Fortunately for this woman, she credited her husband's loving care!

Now Lovina was trying to do her best and was pushed by the physical therapist. Several times Lovina's glucose levels bottomed out immediately and she was ignored by the Salem Community Hospital's nursing staff. Lovina was crying for help in her high pitch squeaky emergency low glucose cry. Fortunately I just caught it just in time by having a large candy bar in my purse.

In fact, our diabetic neighbor, Earl Cox was murdered because the Salem Community Hospital refused to supply simple sugar! The Salem Community Hospital's nursing staff excuse was "Dinner was in route!"

In other words, "Too bad!" We refuse to use any common sense or accommodated anyone's special medical needs, even though the victimized patient and their insurance company is/are paying the bill for emergency health care.

Immediately before Earl Cox requested food, a Salem Community Hospital male physical therapist pushed Earl Cox too much. In fact, the Salem Community Hospital male physical therapist had no business walking Earl Cox when he had a deep foot wound. The wound was so serious that amputation was always a consideration.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-9

Name of Hospital, Address, Telephone:
Salem Community Hospital
1995 East State Street
Salem, Ohio 44460
(330) 332-1551
General Information

Complaint

Another trap, if the patient does not do their physical therapy, when in many cases the patient has NO BUSINESS doing them! It is then documented a "NON-COMPLAINT"! Subsequently the patient is greeted with a social worker. The social worker's usually has legal forms in hand to be signed. This will begin the rehabilitation center's and/or nursing home's admittance!

This medical trap is only to benefit those in the medical, rehabilitation, social work and counseling professions. Even a county nurse is too superior to provide a bath for two weeks. But the insurance companies can only and has pay for rehabilitation centers. In many cases the patient needs two weeks to gain simple strength. After a two week period, strength is gained and many activities are resumed.

In one instance, Lovina was ordered total bed rest for a supposedly cracked shoulder (the emergency on call doctor misread an old break on all x-rays as a new break). Anthem Insurance Company could only pay for a bath, only if the doctor ordered physical therapy. On the other hand, hospice care provides excellent care! To my knowledge there are no provisions for families who are providing care for a loved one!

**CURRENTLY TO GAIN ANY QUALITY ASSISTANCE, ONE MUST BE
TERMINALLY ILL!**

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-10

Name of Hospital, Address, Telephone:

Dr. Erdal Sarac-2001
Salem Community Hospital
1995 East State Street
Salem, Ohio 44460
(330) 332-1551
General Information

Dr. Erdal Sarac, a kidney specialist, refused to talk to me, refused to consider the Physician's Desk Reference or to consider my patentable idea of decoding the Physician's Desk Reference.

LOVINA'S LIFE WAS AT STAKE! I KNEW WITHOUT A SHADOW OF DOUBT, SOME OF LOVINA'S PRESCRIBED MEDICATIONS WERE CAUSING THE EDEMA. DR. ERDAL SARAC WAS EXTREMELY FLIRTATIOUS AND USED IT TO AVOID TALKING TO HIS PATENTS OR THEIR FAMILY MEMBERS! AN INDIVIDUAL WAS LITERERALLY "KISSED OFF"!

When Dr. Erdal Sarac had private office hours within the hospital, he did not even know the requirements of HIS OWN requested kidney tests. NOR DID DR. ERDAL SARAC EVER CONSIDER THE NEEDS OF HIS PATENTS!

In fact a Salem Community Hospital's lab technician, Patty Shoemaker, saw many of the dilemmas and reported Dr. Erdal Sarac. Lovina is a diabetic and I was a physically exhausted. We both needed food not blood testing. The demanded blood orders and procedures were even incorrect. Plus, Dr. Erdal Sarac never notified us of the correct blood result. It was always three months after the fact.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-11

Name of Doctor, Address, Telephone:
Dr. Kiran Mohan
2020 East State Street
Salem, Ohio 44460
(330) 337-0380

Complaint

Dr. Kiran Mohan did not adhere to the American Diabetic Associations guidelines.

Dr. Kiran Mohan's office staff lied about consulting the Physicians' Desk Reference. Months later Dr. Kiran Mohan asked me, 'What is the P.D.R.?' Plus, Dr. Kiran Mohan gave the response, "Oh that! You mean you actually read it!"

If Dr. Kiran Mohan had consulted the Physicians' Desk Reference, she would have concluded that the side effects of ACTOS were life threatening for Lovina. Plus, Dr. Kiran Mohan would have known that LOVINA SHOULD HAVE BEEN WEANED OFF CLONIDINE. AN "COLD TURKEY" APPROACH COULD CAUSE A HEART ATTACK WITH IN TWO WEEKS. NEEDLESS TO SAY, THIS ALSO HAPPENED!

Plus, Lovina was and still may be retaining fluid on a regular bases. Dr. Kiran Mohan refused to believe that Lovina was retaining fluid. By experience, I knew that Lovina would retain fluid within three days and Lovina breathing would be labored. I requested Dr. Mohan to have an open standing emergency appointment. Dr. Mohan's office staff would not allow this even though they were fully aware of the seriousness of the situation. A written testimony from a county nurse was not enough documentation!

When I asked a lung specialist for at least the third time, he said, "Double it for several days." The advice came without a prescription. "Oh, your family doctor will do that!" Dr. Mohan never took the time to discover the root reason.

I HAD TO GO UNDERCOVER AND BUY MORE WATER PILLS OUT OF MY OWN FUNDS AND DRAG LOVINA TO DOCTORS TO OBTAIN MORE WATER PILLS. At least a double dose of water pills were needed to keep Lovina alive. This meant being a medical doctor because no one would! This meant trying to balance Lovina's water pills to the correct ratio of potassium. Then the increase dosage of water pills would raise Lovina's insulin needs.

Dr. Kiran Mohan said, "If she (meaning Dr. Mohan) prescribed Lovina the (NEEDED) water pills, she (meaning Dr. Mohan) would lose her (meaning Dr. Mohan) own medical license!"

Dr. Kiran Mohan did not make any emergency referrals.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-12

Name of Doctor, Address, Telephone:
Dr. Kiran Mohan
2020 East State Street
Salem, Ohio 44460
(330) 337-0380

Dr. Kiran Mohan referred Lovina to the closest endocrinologist, Dr. Marco Corallo. Since Lovina was just going to Cleveland Clinic Foundation, all the local doctors were desiring and depending upon Cleveland Clinic Foundation's results.

Dr. Kiran Mohan had just tried Lovina on insulin "N". However Dr. Kiran Mohan could not give me any satisfactorily equivalents. I had just spent years trying to figure out the 70/30 insulin equivalents. The main culprit was Lovina's insulin enhancer, Actos. However Dr. Kiran Mohan would not and did not even consult the Physician's Desk Reference.

Lovina was feasting on fresh picked blueberries and Lovina's glucose levels "nose dived". After some quick research in the Pill Book and other nursing manuals. I found that almost any fresh berry and most certainly granule Vitamin C can be used to help control diabetes.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171

April 7, 2003

Listing -Pharmacists/
Medical Researchers-13

The Pill Book
Editor-in-Chief
Harold M. Silverman, Pharm. D.

Complaint

Oh, there is a misprint in the Physician's Desk Reference! It should read that VITAMIN C LOWERS INSULIN LEVELS. The proofreads readers left it as "Vitamin C" masks sugar levels. PLEASE DO NOT ALLOW THE INFORMATION IN THE Physician's Desk Reference or the Pill Book to be changed or deleted. Please just update those life saving resources.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-14

Name of Hospital, Address, Telephone:

Dr. Joseph Sitarik
Hilltop Professional Building
16844 St. Clair Avenue
East Liverpool, Ohio
43920
(330) 386-6800

Complaint

As said a previous section, page 11, I HAD TO GO UNDERCOVER TO BUY LOVINA'S DEMADEx. Dr. Joseph Sitarik did give us a prescription. I told Dr. Joseph Sitarik that we were doctor shopping. Dr. Joseph Sitarik made it known to please contact another doctor. "You need a local doctor who has hospital privileges."

Dr. Joseph Sitarik criticized Lovina's uncontrolled diabetes, when to my knowledge, Dr. Joseph Sitarik did not consult the Physicians' Desk Reference. At that time, I HAD TO TRY TO MATCH LOVINA'S DAILY DEMADEx, POTASSIUM, INSULIN AND DIET. BECAUSE OF THE VARIOUS DEMANDED DOSES LOVINA'S GLUCOSE WOULD SPIKE EVERY THIRD DAY. THE SPIKE WAS CAUSE BY THE NEEDED DEMADEx WHICH IN TURNS AFFECTS THE DIABETES AND HEARING!

Plus, Dr. Joseph Sitarik dictate his patient's notes within a public receptionist's area.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-15

Name of Hospital, Address, Telephone:
Dr. Elizabeth Barnes
7880 Lincole Place
Lisbon, Ohio
44432
(330) 424-5686

Complaint

Since Lovina was still overdosed with Dr. Maria Ryhal's medications, Dr. Kiran Mohan removed five (5) medications all at once without consulting the Physicians' Desk Reference! One must be weaned of clonidine or a heart attack/stroke is foreseeable. Lovina had a heart attack within two (2) weeks. Fortunately the heart attack happened in Dr. Elizabeth Barnes' examining room.

Dr. Elizabeth Barnes works part time and has no Salem Community Hospital privileges. Dr. Elizabeth Barnes sent us as an out patient to the emergency entrance. As a result, there were no legal recourse. Plus Dr. Elizabeth Barnes lied about her intent. I had prescriptions to prove it. Subsequently Lovina had three (3) or four (4) EKG in on mourning.

Plus many Salem Community Hospital emergency nursing staff need to be educated in taking blood pressure and caring for the patient's arteries. The blood pressure cuff was so tight that Lovina was in continual pain and her arm was purple. The nursing staff refused to listen to Lovina and I. Thusly, I went to the Salem Community Hospital chaplain and relied all the events and prove. Plus, I made it obvious that I was taking Lovina's health care "OUT OF COURT"! The chaplain immediately saw that Lovina's blood pressure cuff was loosened.

Lovina's health was loosing ground daily! The hospitals and doctors did nothing! HAVING NOTHING TO LOOSE AND EVERYTHING THE GAIN. I TRIED "ALJ" BRONCHIAL AND RESPIRATORY SUPPORT FORMULA, A BLEND OF HERBS, MADE BY NATURE'S SUNSHINE PRODUCTS. IMMEDIATELY LOVINA DEVELOPED A ROSY COLOR AND STARTED TO BREATHE SIGNIFICANTLY BETTER! Thusly Lovina was healthy enough to go to Cleveland Clinic Foundation.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-16

Name of Hospital, Address, Telephone:
Dr. Muzaffar's associate
(unknown name)
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio
44195
1-800-223-2273
(Appointments)

Complaint - Blue
Diary Of Events - Pink

At the Cleveland Clinic Foundation, Dr. Muzaffar Ahmad's associate read Dr. Maria Ryhal's records and accused me of manipulating Lovina's prescribed medication. Fortunately I had the Pill Book in hand. Thusly, I asked Dr. Muzaffar Ahmad's associate), "Please consult the Physicians' Desk Reference. You will find it (meaning "spironolactone") under dyazide!"

Then Dr. Muzaffar Ahmad walked in and congratulated my research. Dr. Muzaffar Ahmad mentioned that he made his own father's health care his own personal business.

IN OTHER WORDS, DR. MUZAFFAR AHMAD MAY NOT USUALLY CONSULT THE PHYSICIAN'S DESK REFERENCE AS THE FIRST POSSIBLE SIDE EFFECT CAUSE.

A Cleveland Clinic Foundation endocrinologist, Dr. Elias Siraj, was amazed by my self taught knowledge.

3 units of 70/30 humulin lowers glucose readings approximately 100 points
1 unit of humalog lowers glucose reading about 100 to 110 points
2 units of humalog lowers glucose reading about 220 to 250 points
2 grams of Vitamin C or in many cases a 1/2 teaspoonful lowers glucose reading 100 points

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-17

Name of Hospital, Address, Telephone:

Dr. D. Hammer
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio
44195
1-800-223-2273
(Appointments)

Complaint - Blue
Diary Of Events - Pink

Now Dr. Elias Siraj did take Lovina's medication into consideration. At that time Dr. Elias Siraj wanted Lovina on a different medication. However Lovina respiratory system could not tolerate it. Dr. Elias Siraj could not recommend an endocrinologist in our area. Dr. Elias Siraj suggested to look in a telephone book.

Also at the Cleveland Clinic Foundation, Dr. D. Hammer, a cardiologist, did not even consider consulting the Physicians' Desk Reference; but rather dangerous rare surgery.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-18

Name of Hospital, Address, Telephone:

Dr. Marco Corallo
18586 West 5th Street
Beloit, Ohio
44609
(330) 938-3333

Complaint

Now Dr. Marco Corallo immediately changed Lovina to insulin "N", a new insulin brand name and megadoses of humalog. To my knowledge, Dr. Marco Corallo did not consult the Physician's Desk Reference! Dr. Marco Corallo did not know of any helpful foods for diabetics. Dr. Marco Corallo did not know any 70/30 insulin scale to glucose points. Dr. Marco Corallo ignored my own documented research. Dr. Marco Corallo was apathetic to the synergic drug effects. Lovina's diovan was probably spiking Lovina's midday glucose reading. Instead of a extra magadose of injected humalog (which are extremely dangerous), just move diovan to noon. This would avoid all adverse side effects.

As a family, we agreed to try Dr. Marco Corallo's methods. However leaning on my own personal documentation, we gave Lovina less than a third of the prescribed dose of humalog. Now Lovina almost died that very night from too much humalog. Twice Lovina was given stewed prunes and a coke to raise the glucose levels up.
Dr. MARCO CORALLO WAS FIRED AND WE REFUSED TO PAY HIS INFLATED BILL!

Months later, Lovina's Anthem Senior Insurance made a curtsy telephone inquiry concerning the free insulin pens that Dr. Marco Corallo had provided. I just told them what happened! Dr. Marco Corallo was more of a salesman for the Novolog Company than a doctor. Again Dr. Marco Corallo did not and could not give us any glucose equivalent. Lovina was overdosed with humalog and could have died. Anthem insurance was grateful for the information.

According to many of our local pharmacist, one unit of humalog is equivalent to one hundred (100) glucose points. **NO SHOULD TAKE MORE THAN TWO (2) UNITS OF HUMALOG AT ONE TIME.**

The following insert is Dr. Marco Corallo's Novolog/Humalog scale!

Novolog
or
PLEASE GIVE YOURSELF ADDITIONAL HUMALOG INSULIN
ACCORDING TO THE FOLLOWING SCALE

BLOOD SUGAR

Novolog
or
HUMALOG

LESS THAN 150	ZERO UNITS
151 - 200	TWO UNITS
201 - 250	FOUR UNITS
251 - 300	SIX UNITS
301 - 350	Eight NINE UNITS
351 - 400	Ten TWELVE UNITS
HIGHER THAN 400	PLEASE CALL ME

MEDICAL
ENDOCRINOLOGY
DERMATOLOGY
SPECIALISTS


MARCO R. CORALLO, D.O.
ENDOCRINOLOGY, DIABETES AND METABOLISM

19386 WEST 5TH ST.
BELOIT, OHIO 44609
(330) 938-3332
FAX: (330) 938-9375

- ① Stop 70/30
- ② Start N 35 units am
8 units pm
- ③ Humalog/Novolog scale as above

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171
April 7, 2003

Listing -Doctors-19

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-20

Dr. Ramesh Soundarajan
The Kidney Group, Inc.
1340 Belmont Avenue
Youngstown, Ohio
44504
1-877-746-1488

Complaint - Blue
Diary Of Events - Pink

I BELIEVE DOCTOR RICHARD SIMMONS IS A VERY CONSCIENTIOUS DOCTOR!

Dr. Richard Simmons forgot to document Lovina's medication for several months. I believe it was an error. Since Lovina was a new patient, Dr. Richard Simmons relied upon the Cleveland Clinic Foundation's medical specialists. According to Dr. Elias Siraj and the Physicians' Desk Reference, a simple change in Lovina's medication could lower her creatinine levels. The Cleveland Clinic Foundation lab reports Lovina's creatinine was 2.3.

All of a sudden Dr. Ramesh Soundarajan, a local kidney specialist, enrolled Lovina in a dialysis seminar without our knowledge. Remember Lovina's creatinine level was 2.3. Months later Dr. Ramesh Soundarajan said, "One should begin to consider dialysis at a 5 point creatinine level."

Now Dr. Ramesh Soundarajan prescribed another medication which Lovina could not tolerate. However to my recollection, Lovina's creatinine levels never increased significantly. Dr. Ramesh Soundarajan innocently invited Lovina to attend a movie, allow his social worker and dietician to help. Around Christmas, Dr. Ramesh Soundarajan's nursing staff called us about a prescheduled dialysis seminar. Naturally I was upset, "No one told us about any dialysis seminar!"

Before attending, I personally called ahead for an available wheelchair. Dr. Ramesh Soundarajan's nursing staff responded with, "No problem!"

However the day of the dialysis seminar, Dr. Ramesh Soundarajan's nursing staff had problems finding the already requested wheelchair. Lovina had walked in huffing and puffing and ready to pass out. There were no chairs in sight, doors were locked and Lovina now needed emergency care. Lovina's eyes were dilated and stationary. She was white as a sheet with rubbery legs.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-21

Dr. Ramesh Soundarajan
The Kidney Group, Inc.
1340 Belmont Avenue
Youngstown, Ohio
44504
1-877-746-1488

Complaint

Then Dr. Ramesh Soundarajan's nursing staff implied that I was a moron just because of the Cerebral Palsy. By this time, I was red hot with anger for the rest of the seminar.

Now Dr. Ramesh Soundarajan's nursing staff divided the group because of my slowness in note taking. However they were quickly told who had the slowness in using the Physicians' Desk Reference. In fact Dr. Ramesh Soundarajan's nursing staff were not even educated in the side effects of some water pills, were not aware of any warnings and were surprise that I could read lab reports. Even their records of Lovina was out dated. Their diet menus were unrealistic for anyone, especially for a diabetic. Nor could anyone explain the creatinine ratio. We had been down that road and we were not going to have a fatal conclusion. Plus, we were going to ignore their dialysis procedure signed commitments!

Then Dr. Ramesh Soundarajan's nursing staff emphasized that no one had a choice, "If you not choose dialysis, it will be fatal!"

Of course this seminar was during the Christmas season. This unnecessary "sales pitch" meant fatal health to Lovina and fatal financial news to our family! While Dr. Ramesh Soundarajan's nursing staff employees could anticipate guaranteed funds! This several hour seminar was a guaranteed three thousand dollars (\$3,000.00) a month "sales pitch" at the expense of the patient and/or their insurance companies.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-22

Dr. Richard Simmons
11193 South Avenue
North Lima, Ohio
44452
(330) 549-5700

Complaint - Blue
Diary Of Events - Pink

Now I am personally convinced that Dr. Richard Simmons' had previous knowledge of this "sales gimmick" because of the manner he smiled while making the referred appointment.

Another time Lovina had simple heart burn. Instead of doing another E.K.G. at the office which Dr. Richard Simmons did with my insistence; Dr. Richard Simmons wanted Lovina to see a cardiologist. Dr. Richard Simmons did give us some free samples of an antacid.

I just brought Lovina home and gave her several papaya tablets. The antacid samples are still unopened. Papaya has no side effects at all, can be used as candy and absorbs the acid multiple times the weight of the Papaya tablet. Fortunately Dr. Richard Simmons never made any reference to his free samples.

Dr. Richard Simmons was flexible in allowing Lovina to take her diovan at noon. The synergic side effects could drive up Lovina's glucose reading to four hundred (400) points by noon! Dr. Richard Simmons allows Lovina glucose reading to be higher than average. Lovina can pass out or is in continual danger with a glucose reading below one hundred (100) points.

Currently Lovina had a four inch by four inch heating pad wound. As I remember, Dr. Richard Simmons kept a close eye on Lovina's wound and measured it frequently. At Lovina's last appointment, the silver sulfadiazine was stopped. However after forty-eight hours, the wound was red, painful and angry looking again. Thus, I returned to applying the the silver sulfadiazine. By the time we returned to for the monthly coumadin check, the three month wound was around one inch by one inch wound.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors-23

Dr. Richard Simmons
Dr. Murphy
11193 South Avenue
North Lima, Ohio
44452
(330) 549-5700

Complaint - Blue
Diary Of Events - Pink

Out of the blue, Dr. Richard Simmons asked me if we could see Dr. Murphy, "I am tooo-ooo busy!" But in reality, Dr. Murphy just joined Dr. Richard Simmons. Dr. Murphy looked at the wound and then consulted with Dr. Richard Simmons. She (meaning Dr. Murphy) suggested St. Elizabeth Wound Care Center. The heating pad wound had gone from a four inch by four inch down to one inch by one inch. Now the wound was slowly improving daily but at a much slower pace. I personally measured it frequently with my index finger.

Dr. Murphy mentioned about St. Elizabeth Wound Care Center had just opened. However when I asked Jacki, one of Dr. Richard Simmons' nurses, St. Elizabeth Wound Care Center was opened for several years! Needless to say, I was furious! Thinking why did not Dr. Simmons refer us long ago?! Why was Dr. Richard Simmons referring us when his own office will not obtain a definite insurance wheelchair approval?! The wheelchair was said to be approved two month ago.

Over a year ago, Dr. Richard Simmons was made aware that I was "GOING OUT OF COURT" with my parents' health care. Previously I had problems with the wound care specialist at the Salem Community Hospital. Dr. Bell refused to work weekends or to leave orders for weekend treatments.

Again I was afraid that the medical establishment wanted more co-pays. My parents are retired and on a fixed income. I alone have paid over \$7,000.00 (two years alone) of Lovina's medical bills. My father did not believe that herbs and "Vitamin C" could help solve Lovina' life threatening health problems.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-24

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint

PLEASE HAVE INSURANCE AND MEDICARE
PAY FOR ALL HEALTHFUL HERBS AND VITAMINS.
THE "ALJ" HERBS MAY CURB OR TOTALLY
CURSE SARS!

Later on my father, Kenneth F. Hinten, paid over \$9,000.00 in medical expenses not paid by Anthem Senior Insurance in one year alone. Then Anthem's Seniors' co-pay jumped from \$5.00 to \$20.00 per visit. This does not even include the price hick for specialist.

Of all things, forms from the St. Elizabeth Wound Care Center had to be completed in my handwriting ((HA-HA!)) The processor is unusable, the computer and printer are slowly dieing. I will be blessed to finished the disposition without any extra jobs.

As you can imagine some of these agreements on St. Elizabeth Wound Care Center's forms were absolutely exasperating, especially "NON-COMPLIANCE"!

Please see example below!

DLH

***NON-COMPLIANCE:** I agree that if I do not follow the treatment plan developed prescribed for me by my WCC physician, I may no longer be eligible to use Procure may be discharged from the WCC Program

DATE: _____

DATE:

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-25

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

***MOST IMPORTANT, I agree to quit smoking, and limit the use of caffeine and alcohol because I realize this will significantly retard my wound healing.**

***NON-COMPLIANCE: I agree that if I do not follow the treatment plan developed and prescribed for me by my WCC physician, I may no longer be eligible to use Procuren and may be discharged from the WCC Program**

PATIENT SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

DATE: _____

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-26

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint - Blue
Diary Of Events - Pink

PLEASE NOTICE, HERE IS NO ROOM FOR THE PATIENT TO SAY "NO!"

Now I am suppose to initial a non-compliant clause when many previous doctors placed Lovina life in jeopardy by refusing to use the Physicians' Desk Reference!

What allows any doctor or hospital to bind the patient with legal forms of truthfulness when no patient rights are mentioned. I have never seen in large bold print that this hospital is not technically licensed or certified because the hospital is not using the Physicians' Desk Reference! We do not care whether you live or die, WE JUST WANT TO DRAIN YOU OF ALL YOUR FUNDS UNDER FALSE PRETENSES! WE WILL EVEN LIE AND SAY THAT WE ARE USING THE PHYSICIANS' DESK REFERENCE WHEN WE ARE NOT! OH, TECHNICALLY WE ONLY USE THE PHYSICIANS' DESK REFERENCE INDEX. THIS INDEX MATCHES THE VARIOUS DRUGS, COMPANIES AND ECONOMIC STRATA.

The chuckle is, north east Ohio is considered as part of Appalachia. Yes, we are a rural area but not poverty destitute. I know this because we have received telephone calls from Columbiana County agencies asking us to lie and report storm damage to receive financial grants. We have always chuckled and replied "No!"

I was so disgusted with the legal clauses which were to signed for St. Elizabeth Wound Care Center that I called them. You will notice in many instances the patients had no recourse of defense. With what I have gone through with Lovina and smug phony attitudes of hospital ethicists, all forms were certainly "OUT OF COURT"!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-27

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint - Blue

Immediately St. Elizabeth's Wound Care Center apologized for sending the forms and asked us to come. As requested I filled out the forms but it was obvious that I was "GOING OUT OF COURT" with the forms! I gave the St. Elizabeth's Wound Care Center's unsigned sent requested forms to the receptionist. Instead of asking me about the issues, the St. Elizabeth's Wound Care Center's nursing staff questioned my mental capabilities, medical guardianship and power of attorney by calling Dr. Richard Simmons' office.

When I asked why they called, they had to tell on the St. Elizabeth's Wound Care Center's staff. Immediately I asked Sandy, one of Dr. Richard Simmons' nurses, if Lovina's one month wheelchair rental was ever approved. Sandy assured me that it had! The chuckle of both nursing staffs was confounded with, "What's so funny!"

A NEW SET OF FORMS WERE PRESENTED AND a copy of my "OUT OF COURT" forms were diagonal. There was a comment made by a nurse, "This will be a thick case!" A social worker asked about the issues and made a belittling comment "Oh, is that all!"

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-28

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint

Then Dr. John Barrett commented that Dr. Murphy, Dr. Richard Simmons associate, would be needled about this one! In other words, the unprofessional professional gossip mill had started for no reason! Plus a new set of forms had to be signed and the St. Elizabeth's Wound Care Center's nursing staff did not like the additional "RIGHT TO REFUSE". At this time, no one including myself understand the importance of the rider. Plus, we were given the following information about the so called non-intrusive tests.

IntraSite gel was placed on the wound, (unnecessary) tests ordered, next appointment given, sample intraSite gel given and prescription for supplies. The intraSite gel was not written on the prescription. St. Elizabeth's Wound Care Center's nursing staff sent us to their (St. Elizabeth's Wound Care Center's) Home Medical Equipment which in turn sent us to our local pharmacist. "We are not licensed to sell the IntraSite gel !" No one could read any one else's writing.

During our next Appointment, the St. Elizabeth's Wound Care Center's nursing staff and Dr. Abdu was made aware of the reality of the "OUT OF COURT" case. The St. Elizabeth's Wound Care Center's nursing staff knew that they were caught in many ways including gossip.

**Now the so called non-intrusive tests! PLEASE
CONSULT THE ENCLOSED FLYER!**

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-31

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint

As you will notice serve pain or torture is not mentioned. Lovina had a sore but unswollen foot. Since the Arterial Doppler Studies and Laser Doppler Studies given on April 17, 2003, Lovina's sore foot has been extremely swollen. During the Arterial Doppler Studies and Laser Doppler Studies or better named the Adolph Hitler torture chamber tests. **Lovina screamed several times to stop the test.** Both Karen and Lisa, who were administrating the test, ignored Lovina's request!

I personally witnessed this because of all the unnecessary life threaten garbage we have had to go through. I, personally, was beside myself! Lovina is on three tylenol per day. Then there was a remark, "Well others can tolerate pain better!" Still both Karen and Lisa proceeded! At this moment, I was at the edge of my seat. Lovina's scream could be heard by my father sitting across the hall. Karen which was teaching Lisa chuckled with, "We don't need the complete range anyway. Now if there really was a problem, we would. This may be interpreted as torture!"

Lovina is eighty-three (83) years old with a weakened nervous system. Dr. John Barrett had no business prescribing just a test! Since Dr. John Barrett pulled that on Lovina, I want his revoked license immediately! Dr. John Barrett's medical license will be r instate immediat ly upon consid ring patient's health about protecting his own profession! Dr. John Barr tt can forg t about his bill and billing Anth m Senior. Dr. John Barrett can pay the complet wound care bill and Lovina damages!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Hospitals-32

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint

THE ARTERIAL DOPPLER STUDIES AND LASER DOPPLER STUDIES WOULD DO PERMANENT DAMAGE TO ANYONE WITH NERVOUS DISORDERS OF ANY KIND!

By the way, I have Cerebral Palsy. I know how one incidental sharp sudden pain or a loud noise can effect my nervous system for months or even years!

Shortly after the Arterial Doppler Studies and Laser Doppler Studies, Lovina had a glucose nose-drive. Fortunately we carry a six pack of soft drinks and candy with us at all times.

Going back to the St. Elizabeth Wound Care Center's admission forms. Non-complaint entails the hospital refusal to accept the patient's "Right to Refuse!" Plus, the St. Elizabeth Wound Care Center's uses the law against dishonesty, but the St. Elizabeth Wound Care Center, themselves do not supply truthful information and mislead the patient concerning testing.

**Also St. Elizabeth Wound Care Center wanted
procedure forms sign d b fore consultation!**

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Nurses-33

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint

What happened to the right of a second opinion?! I was not going to sign for any procedure consent form until I felt that it was absolutely necessary. Now I did sign for the debridement and it happened two weeks later when the skin was soft a loose enough to just peel right off. In fact I was debriding Lovina's heel myself. The wrong prescribed medicated bandage helped prepare for the process.

Recently the East Liverpool K-mart pharmacies was to order IntraSite gel for Lovina's heel wound. The East Liverpool pharmacist was shipped a package of one hundred fifty (150) medicated bandages. Now we only needed approximately thirty (30). However this box could not be broken and it sold for one hundred dollars (\$100.00) as an over the counter drug. Because of the foreseen dilemma, the East Liverpool pharmacist, ordered a less expense medicated bandage.

This was not the correct solution but it did match closely to the **WRONGLY PRESCRIBED MEDICATION**. The nurse implied that the prescription was written down. East Liverpool K-Mart Pharmacy called the St. Elizabeth's Wound Center for a the IntraSite gel. A medicated bandage were mistakenly prescribed.

Then the St. Elizabeth's Wound Center wants to blame the error on the K-Mart pharmacist. Please remember the East Liverpool K-Mart Pharmacy is a one hour round trip. Plus, all three Hinten's have mobility difficulties. The wound care center had us running to their own home health care and twice to K-Mart. The St. Elizabeth's Wound Care nursing staff did apologize for all the inconvenience and corrected some of the misinformation given to us.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171

April 7, 2003

Listing -Doctors/Insurance
companie-34

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501

(330) 746-7211
Hospital Operator

Complaint - Blue
Diary Of Events - Pink

To avoid any expense, both the insurance and pharmaceutical companies have policies for their own convenience and not the patient. To make all the drugs come due around the same time. We had to work with the drugs and pay out of pocket expense. After asking Dr. Richard Simmons approximately a year ago, we complied with the East Liverpool K-mart Pharmacy and Anthem Senior Insurance Company FOR A YEAR. The East Liverpool K-mart pharmacist just called Dr. Richard Simmons' office for verbal prescriptions.

At least once, years ago, I caught an insurance mail order pharmacy (A.A.R.P.) stealing from the public! In fact the money saved was used against the detectable.

Dr. Joe Francisco, Dr. John Barrett's associate, debrided Lovina's heel. Before debriding, numbing was a taken option. In my opinion numbing should always be required!

Before entering the inner office, the nurse and I started by clearing the air. I lost the appointment card, tried to call at 8:33 A.M., the voice mail was still on, called again at 8:45 A.M., the appointment was at 9:30 A.M., my father's car keys were lost and never found, speed limits were broken, I thought that I would be mailed a speeding ticket and my whole life is "GOING OUT OF COURT!" Fortunately the doctor never came in until 10:00 A.M.

Apparently it was Dr. Joe Francisco's first day at the St. Elizabeth Wound Care Center and Lovina was his first patient. Dr. Joe Francisco advised to continue the saline solution and the salve treatment. This is the first time saline water was ever mentioned. Even an economical recipe was given. The given IntraSite gel samples were not to be discarded as directed by the previous nurses. Instead of samples of IntraSite gel, we were given DuoDerm Hydroactive Gel.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -Doctors/Professional
Boards-35

St. Elizabeth Wound Care Center
1044 Belmont Avenue
Youngstown, Ohio
44501
(330) 746-7211
Hospital Operator

Complaint

After obtaining the next appointment, I was instructed by the "Out Of Court" guide to ask for the results of what I believe to be the unnecessary Adolph Hitler torture chamber tests. No one was suppose to be able to interpret or give the results, but the nurses relayed that the results were fine. "There was absolutely nothing to be concerned about!"

UP TO MAY 1, 2003 CONCERNING MY MOTHER, LOVINA KATHRINE FLOOR HINTEN!

I was born with Cerebral Palsy because the doctor never check Lovina. The doctor relied on the nursing staff to much. My shoulder was in the birth canal and I was stuck and in the wrong position. The doctor was out for lunch! Please see enclosed deposition.

Two of Wright State University professors tried to throw me out of their programs because of the Cerebral Palsy. Please see enclosed deposition.

THE STATE OF OHIO SOCIAL WORKERS AND COUNSELORS BOARD
REFUSED TO SEND ME AN APPLICATION FOR STATE LICENSURE. IN
OTHER WORDS, NO APPLICATION, NO LICENSE, NO EMPLOYMENT OR
NO SELF EMPLOYMENT. ALL YOUR EDUCATION IS WORTHLESS
BECAUSE YOUR HAVE CEREBRAL PALSY!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431

Telephone: (330) 424-9171

April 7, 2003

Listing -THE STATE OF OHIO
SOCIAL WORKERS AND
COUNSELORS BOARD-36

THE STATE OF OHIO SOCIAL
WORKERS AND COUNSELORS
BOARD
77 South High Street
16th Floor
Columbus, Ohio
43215-6108
(614) 466-0912

Complaint

**HOWEVER THE STATE BOARD DID NOT REALIZE THE
GOD WAS GOING TO CATCH THE STATE OF OHIO SOCIAL
WORKERS AND COUNSELORS BOARD WITH AN "OUT OF
COURT" CASE! PLUS, MY LIFE STYLE WOULD END UP
DEFENDING FORMER PRESIDENT RONALD REAGAN!**

Please see enclosed deposition.

THIS DEPOSITION PROVES THAT I WAS STUDYING FOR THE MINISTRY DURING GRANDPARENTING! THUS, I AM EXEMPTED FROM ALL REQUIREMENTS! THE STATE OF OHIO SOCIAL WORKERS AND COUNSELORS BOARD MUST PAY ME AS A LICENSED COUNSELOR, PROMOTIONS AND BENEFITS!

PLEASE CLOSE DOWN THE STATE OF OHIO SOCIAL WORKERS AND COUNSELORS BOARD, GIVE ME ALL AUTHORITY AND INDICT SUSAN SEARS AND BETH FARMSWORTH. PLEASE STRIP SUSAN SEARS AND BETH FARMSWORTH OF ALL INCOME, ALL BENEFITS, AND ALL RETIREMENT! PLEASE ALLOW THEIR MONTHLY INCOME TO RANGE BETWEEN ZERO DOLLARS (\$0.00) AND NEVER EXCEED FIVE HUNDRED TWENTY FIVE DOLLARS (\$525.00), WITH NO BENEFITS OF ANY KIND!
Please see enclosed deposition.

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431
Telephone: (330) 424-9171
April 7, 2003
Listing -U.S. Patent And
Trademark Office-37

United States Patent And Trademark
Office
Washington, D.C.
20231
(703) 305-8341

Complaint

PLEASE APPROVE ALL PATENTS WITHOUT ANY FEES OF ANY KIND!
PLUS ALLOW THEM TO GO WORLD WIDE IMMEDIATELY! OVER THIRTY
FIVE YEARS AGO, MY FATHER, KENNETH FRANKLIN HINTEN, DONATED
THREE MEDICAL PATENTS TO BENEFIT ALL MAN KIND. MY FATHER,
KENNETH FRANKLIN HINTEN WAS NEVER PAID OR CREDITED. Please
see enclosed deposition.

Years ago, my parents promised me their property if I would take care of
them. AS YOU CAN SEE I WILL BE A DOCTOR TO THE WHOLE WORLD!
NOW I NEED ALL PROVISIONS TO BE PAID!

Oh, please also look it in our property tax. A survey was never done during
selling of our neighbor's land. The tax office had the deed over a year! At that
time Lovina was critical and in guarded condition daily. Also we should be
entitled to a rebate. An apartment was used for storage only.

Please Columbiana country was robbed by our own country treasure. The
funds were spent at Los Vegas. Please ask for the sum back, plus interest. If
Los Vegas can give away cars on a daily bases, they can surely make thing
right with the Columbiana County taxpayers.

Please, I have done my best and I am sure much is left unmentioned.
Please accept this as is and allow me to tell you about other situations as or if
needed.

Please license and ordain all those who prophesied, were hurt and those
who stood by me for as long as twenty five (25) years. Please see enclosed
deposition.

PLEASE THIS IS ALL "OUT OF COURT"!

MARGULIES
2007 THE BOARD OF DIRECTORS
www.rentingdirect.com/margulies

UNEMPLOYMENT



The Party Line

ANKLE & FOOT CARE
16844 ST CLAIR AVENUE
SUITE 2
EAST LIVERPOOL, OH 43920-4253

RETURN SERVICE REQUESTED

STIGMANN, DAZ

PAY THIS AMOUNT

ΔΕΥΤΕΡΟ Ε'

\$35.91 1-4-1963

FOR BILLING INQUIRIES CALL: 866-585-2413

PAGE. 1

SHOW AMOUNT PAID HERE S

ADDRESSEE

REMIT TO

LOVINA HINTEN
5701 LEETONIA RD
LEETONIA, OH 44131-9754

ANKLE & FOOT CARE CENTERS
16844 ST CLAIR AVENUE
SUITE 2
EAST LIVERPOOL, OH 43920-4253

20040-1080H8CSX000274

☐ Please check box if addresses incorrect or insurance information has changed, and indicate change(s) on reverse side.

~~STATEMENT~~


PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	PHYSICIAN	CHARGES
06/17/2003	LOVINA	OFFICE CONSULTATION	BARRETT, JOHN E	178.00
06/17/2003	LOVINA	PAYMENT ANTHEM #1175227	BARRETT, JOHN E	-65.09
06/17/2003	LOVINA	W/O ANTHEM	BARRETT, JOHN E	-96.64
06/17/2003	LOVINA	PATIENT RESPONSIBILITY \$10.32	BARRETT, JOHN E	0.00
07/25/2003	LOVINA	PATIENT RESPONSIBILITY	BARRETT, JOHN E	0.00
				16.27
04/25/2003	LOVINA	DEBRIDE SKIN/SUBCUT TISSU	FRANCISCO, JOSEPH	153.00
06/17/2003	LOVINA	PAYMENT ANTHEM #1150469	FRANCISCO, JOSEPH	-41.28
06/17/2003	LOVINA	W/O ANTHEM	FRANCISCO, JOSEPH	-101.40
06/17/2003	LOVINA	PATIENT RESPONSIBILITY \$10.32	FRANCISCO, JOSEPH	0.00
07/25/2003	LOVINA	PATIENT RESPONSIBILITY	FRANCISCO, JOSEPH	0.00
				10.32
05/02/2003	LOVINA	DEBRIDE SKIN/SUBCUT TISSU	BARRETT, JOHN E	153.00
06/17/2003	LOVINA	PAYMENT ANTHEM #11752279	BARRETT, JOHN E	-41.28
06/17/2003	LOVINA	W/O ANTHEM	BARRETT, JOHN E	-101.40
06/17/2003	LOVINA	PATIENT RESPONSIBILITY \$10.32	BARRETT, JOHN E	0.00
07/25/2003	LOVINA	PATIENT RESPONSIBILITY	BARRETT, JOHN E	0.00
				10.32

KENNETH F. HINTEN
LOVINA K. HINTEN
5701 LEETONIA RD.
LEETONIA, OH 44031-9751

DATE: 8/26/03

PAY TO: Ankle and Foot \$ 36.91
 THE ORDER OF: Phys Six Dollars 9/1/03 DOLLARS 36

 Personal from Hinton MD

0041201936 301425808 2326

ACCOUNT NO.	ACCOUNT TOTAL	INSURANCE PENDING	CURRENT	30 DAYS	60 DAYS	OVER 90 DAYS	TOTAL CHARGES
1-46293.0	36.91	0.00	36.91	0.00	0.00	0.00	36.91

MESSAGES:

BALANCE DUE UPON RECEIPT.
payment arrangements.

Please contact our billing office for

PLEASE PAY	
THIS AMOUNT	\$36.91

Designation Of An Authorized Representative

An Authorized Representative is a person you authorize to act on your behalf in pursuing a claim or an appeal of a denied claim. This authorization may be either (1) granted for a particular event or date of service, after which time the authorization approval is revoked, or (2) granted for any present or future claim for health care benefits you may have. Designations of Authorized Representative status granted for a particular event or date of service are most appropriate when being granted to a health care provider or an attorney that may be representing you in connection with a claim. Designations of Authorized Representative status for any present or future claim for health care benefits are more appropriately made to family members or other trusted persons who you may wish to authorize to assist you in the future with health care claim matters.

LOVINA KATHRINE FLOOR HINTEN

REV. DEBORAH JEAN HINTEN M.D.

I, _____, hereby appoint _____
(Name of person you are authorizing to act on your behalf)

as an Authorized Representative, to act on my behalf in the filing or pursuance of claims and pursuance of appeals in connection with the following health care claims (check one):

☒ **PLEASE SEE 41 PAGED DEPOSITION PREVIOUSLY SENT. THIS DATES BACK TO 1994! IF NEEDED YOUR FORMS CAN BE COPIED AND SENT!** or
(Description of claim(s) issue, date(s) of service, provider(s) of service, and any other pertinent information available)

☐ any present or future claim for health care benefits.

I understand that as a result of this authorization, Anthem Blue Cross and Blue Shield may disclose and release information concerning benefit eligibility, claim status, or claim approval or denial reasons in connection with the above referenced health care claims to the individual named above.

This designation is subject to revocation at any time by the designator except to the extent that Anthem Blue Cross and Blue Shield have taken action in reliance on this designation before they knew of the revocation. If not previously revoked, this designation will terminate on:

PLEASE PROVIDE FREE COVERAGE FOR FOUR MEMBER FAMILY WITH FUTURE MEMBERS INCLUDED. MEDICAL PATENTS WERE BEING SOLD WITHOUT ACKNOWLEDGEMENT AND/OR PAYMENT!
(Specify date, time, event, and/or condition)

LOVINA KATHRINE FLOOR HINTEN

REV. DEBORAH JEAN HINTEN M.D.

Print name of patient

Lovina K. Hinten

Signature of patient and date

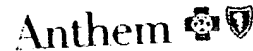
August 2, 2003

Print name of personal representative, if applicable

Rev. Deborah Jean Hinten MD

Signature of personal representative and date

August 2, 2003



July 25, 2003

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, OH 44431

RE: Lovina Hinten
SID: 280-20-9579

Dear Rev. Hinten:

We have received your inquiries for the above member. In order to proceed with any inquiries, we are required to show that this request was initiated with the member's or a legal representative's knowledge. You may provide us with this information by sending us ONE of the following items:

- 1) You may have the member authorize you to represent them in this inquiry. A Designation of an Authorized Representative form for this purpose is enclosed for your convenience.

2) You may provide a copy of a valid Power of Attorney
If the above mentioned member is deceased or been declared incompetent then you may provide us with this information by sending us ONE of the following items:

- 1) A Trustee of the Estate document
- 2) Court Appointed Administrator document
- 3) Certified Letter of Guardianship

Your inquiries will be addressed once we receive this information. Please attach a copy of this letter, and forward to the following address by **August 25, 2003**:

Anthem Senior Advantage
Attn: Appeals Coordinator – MB2-535
4361 Irwin Simpson MB2-535
Mason, OH 45040-9498

If you have any questions, please do not hesitate to call Member Services Department, Monday through Friday, 8:30 a.m. to 5:00 p.m.:

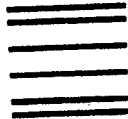
Toll-free: (800) 467-1199
Local: (513) 475-1100
TDD: (888) 853-7754 use only if you have access to TDD system

Sincerely,

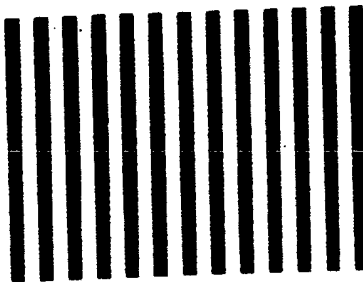
Beverly McKenzie
Appeal/Grievance Specialist
Anthem Senior Advantage



2002-96A-6B
12/01



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

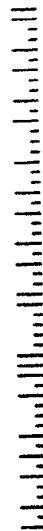


BUSINESS REPLY MAIL

FIRST - CLASS MAIL PERMIT NO 4746 CINCINNATI OH

POSTAGE WILL BE PAID BY ADDRESSEE

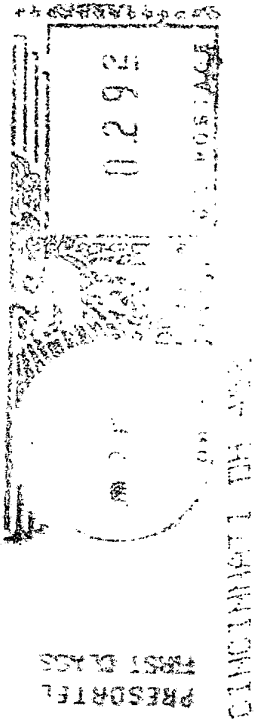
APPEALS - ANTHEM SENIOR ADVANTAGE DEPT MB2-535
ANTHEM BLUE CROSS AND BLUE SHIELD
1351 WILLIAM HOWARD TAFT RD
CINCINNATI OH 45206-9974



BAM

Anthem Blue Cross and Blue Shield
4367 Irwin Simpson Rd.
Mason, OH 45040-9498

MB2-535 #00377
Anthem



Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, OH 44431

E-7 Rev. 4/00

EXDCAN3 44431

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

July 1, 2003

Page 1

Pay by check:
Miss Yenere Spack
1175 South Lincoln Ave.
Apt. 2
Salem, Ohio
44460

Housekeeping services
\$15.00 per hr. x 4 hr. x 4 wk.

TOTAL: \$240.00

Pay by check:

Glenn Hinten
C/O Alan Hinten
4550 Leetonia Road
Leetonia, Ohio
44431

Mowing services
\$20.00 per hr. x 5 hr. x 3 a
wk. x 6 wk.
included mowing hay, pulling
trees

TOTAL: \$1.800.00

Pay by check:

Betty Hinten
C/O Alan Hinten
4550 Leetonia Road
Leetonia, Ohio
44431

included housekeeping and
planting \$20.00 per hr. x 7 hr.

TOTAL: \$140.00

Aunt Betty would not be alive in
they had not moved south for
winter months. The Ohio doctors
are always relying on the previous
doctors records.

THEY HAVE HAD TROUBLE!

PLEASE REIMBURSE 10
TIMES!

THESE MEDICAL ISSUES ARE
NATION WIDE. IT IS TIME TO USE
COMMON SENSE AND CORRECT
IT!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

July 1, 2003

Page 2

Pay by check:

**Kenneth Mathey
605 West 7th Street
Salem, Ohio
44460**

Kenneth's wife, JOYCE,, died needlessly because the doctors were to stubborn to consult the P.D.R.

**AS AN "OUT OF COURT"
SETTLEMENT**

Reimburse Kenneth Mathey 100 times the total bill. Plus, your hospitals and doctors must use the P.D.R. at all times or loose licenses! Plus, reimburse Anthem Blue Cross the total cost.

Pay by check:

**Kathy Weimer
1168 Beachwood
Salem, Ohio
44460**

Total: \$1,000.00 - REIMBUCEMENT

Kenneth's wife, JOYCE, died needlessly because the doctors were to stubborn to consult the P.D.R. Kathy, a nursing state inspector tried to interceed! Kathy was afraid to push the issue for fear of loosing her job. PROMOTE HER WITH INCREASE PAY!

KATHY AND JOYCE WERE BEST FRIENDS. YOU EXPECT PROFESSIONAL PRIDE TO RULE OVER LIFE! NO! THE WHOLE MEDICAL BOARD IS FIRED ! JOYCE WAS AN CHURCH ELDER'S WIFE HOLDING THE CHURCH BODY TOGETHER. NO ONE HAS TIME TO MINISTER TO THE WHOLE FAMILY OF GOD. YOU WILL NOT PLAY GOD ANY LONGER!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

July 1, 2003

Page 3

Reimburse by check:

**Michelle Long
29906 Carey Road
Salem, Ohio
44460**

AS AN "OUT OF COURT" SETTLEMENT

Reimburse Michelle Long **10** times the total bill. Michelle was falsely accused by the St. Elizabeth's nursing staff. Michelle's newborn son had a rare kidney disorder.

NO ONE CAN BY A GOOD NAME! TRY APOLOGING!

Reimburse by check;

**Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio
44431**

AS AN "OUT OF COURT" SETTLEMENT

St. Elizabeth's nursing staff can reimburse me **10** times the total bill. I WAS NOT HAVING A NERVOUS BREAK DOWN BUT GOING OUT OF COURT. NO ONE BOTHER TO CHECK OR BELIEVE WHAT I WAS SAYING!

NO ONE CAN BY A GOOD NAME! TRY APOLOGING!

Rev. Deborah Jean Hinten M.S.
5701 Leetonia Road
Leetonia, Ohio

44431

Telephone: (330) 424-9171

July 1, 2003

Page 4

This is only the beginning! The list is continuous and endless!
According to prophesy, all four family members and all future family members
are to have a "FREE RIDE" from now on!

Plus, awarded me doctorates in many fields. Please begin with a
Doctorate Of Pharmacology. (No snakes on any certificates!) **THE LORD
GAVE ME WISDOM HOW TO DECODE THE P.D.R.!**

We need a "GOLD/GREEN OR BANK CARD. Two homes need to be
remodeled, accessible vacations (we have had almost nil) and etc. ALL OF
MY CHECKING ACCOUNTS HAVE BEEN DEPLETED.

PLUS, A MOVIE! NONE OF THIS SHOULD HAVE HAPPENED! THE
PEOPLE ARE TO SEE THEMSELVES!



Nature's Sunshine Products

Application / Order Form

Free Membership and Free Shipping*

*Purchase products at least \$400 to qualify for membership. Membership is valid for one year. Renewal fee \$20.00. *Shipping and handling charges apply on all orders. *All orders must be shipped to the address on file.

Stock #	Qty	Product	Direct Cost	Extended Cost
775-9	35	ALJ CAPSULES	\$9.45	\$330.75

PLEASE SEND ALL FREE BENEFITS!

All orders over 100 QTY qualify for a rebate from Nature's Sunshine. This order must be at least \$400 to qualify (excluding sales aids) for wholesale pricing and free one year membership. Regular shipping and handling charges apply on all future orders.

Sales Tax: KS MA OR TX UT WA

Shipping & Handling

FREE

\$330.75

Check with your state for sales tax.

Language Preferred: ☒ English ☐ Spanish

First Name

HINTEN

REV. DEBORAH

276-52-6993

Address

PHONE (330) 424-9171

City

State

Shipping Address (if different from mailing address)

Email address

REV. DEBORAH JEAN HINTEN M.S.

Payment Options: ☐ Discover ☐ Discover Nets

5701 LEETONIA ROAD

LEETONIA, OHIO

44431

Manager use only: ☐ Bank Draft (if pre-approved)

MY MOTHER IS ALIVE BECAUSE OF THE 'ALJ'

HERPS. MY LIFE IS GOING OUT OF COURT

HOPEFULLY WITHIN DAYS. YOU WILL BE BLESSED.

THE CHRISTIAN TESTIMONY ENDS UP DEFENDING

PRESIDENT RONALD REAGAN.

To apply and order by phone, call 1-800-453-1422. Monday-Friday 8:00 a.m.-6:30 p.m., Saturday 7:00 a.m.-3:30 p.m. Mountain Time.

Ask for an instant Application—available only if you use a credit card.

Application/Order may be mailed to Nature's Sunshine, P.O. Box 19005, Provo, Utah 84605-9005 or faxed to 1-800-453-1422.

www.naturesunshine.com

PLEASE SEND
IMMEDIATELY. OUT
OF COURT CASE!
YOUR COMPANY
WILL BE
PROMOTED!

Invoice #: 002853702

CURRENT PERIOD:

Plan 11	\$25.00	
Current Period Total		\$25.00
Retroactive Adjustments Total		\$0.00

ACCOUNT SUMMARY:

Previous Total Due	\$25.00	
Payment	(\$25.00)	
Outstanding Balance as of 06-04-2003		\$0.00

PLEASE PAY THIS AMOUNT

\$25.00

AS AN "OUT OF COURT" SETTLEMENT:

PLEASE PROVIDE THE BEST MEDICAL COVERAGE AVAILABLE TO THE IMMEDIATE FOUR MEMBER KENNETH HINTEN FAMILY WITH PROVISION FOR FUTURE MEMBERS.

UNKNOWNLY YOU HAVE BEEN SELLING THREE OF MY FATHER'S MEDICAL PATENTS AND ONE OF MY OWN. THIS WAS ALL DONE WITHOUT UNKNOWNING THE PATENT'S CORRECT OWNER OR PAYMENT. PLEASE SEE THE ENCLOSED PARTIAL DEPOSITION. YOU NEED TO MAKE SURE THAT ALL OF YOUR DOCTORS ARE USING THE PHYSICIANS' DESK REFERENCE WITH ALL PATIENTS. THIS MUST BE COMPANY POLICY BECAUSE IT IS THE LAW! NONE OF THIS SHOULD HAVE HAPPENED!

THE BILLING TO THE STATE OF OHIO MEDICAL BOARD START LAST WEEK. AGAIN, THIS IS ALL "OUT OF COURT"!

ANTHEM BCBS OH FMC1-MB1 CW2-038
1351 Wm Howard Taft
Cincinnati, OH 45206-1775



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
® Registered marks Blue Cross and Blue Shield Association.



#BWNCQXF
#AIM000000000DS0#FMC1-MB1 CW2-038
Hinten, Lovina K
5701 Leetonia Rd.
Leetonia, OH 44431-9751

Identification #: 280209579
Due Date: 07-01-2003
Billing Date: 06-04-2003
Coverage Period From: 07-01-2003
Coverage Period Through: 07-31-2003
Group #: 00081503-0000
Total Amount Due: \$25.00
Invoice #: 002853702

AS AN "OUT OF COURT" SETTLEMENT:

PLEASE PROVIDE THE BEST MEDICAL COVERAGE AVAILABLE TO THE IMMEDIATE FOUR MEMBER KENNETH HINTEN FAMILY WITH PROVISION FOR FUTURE MEMBERS.

UNKNOWINGLY YOU HAVE BEEN SELLING THREE OF MY FATHER'S MEDICAL PATENTS AND ONE OF MY OWN. THIS WAS ALL DONE WITHOUT UNKNOWING THE PATENT'S CORRECT OWNER OR PAYMENT. PLEASE SEE THE ENCLOSED PARTIAL DEPOSITION. YOU NEED TO MAKE SURE THAT ALL OF YOUR DOCTORS ARE USING THE PHYSICIANS' DESK REFERENCE WITH ALL PATIENTS. THIS MUST BE COMPANY POLICY BECAUSE IT IS THE LAW! NONE OF THIS SHOULD HAVE HAPPENED!

THE BILLING TO THE STATE OF OHIO MEDICAL BOARD START LAST WEEK. AGAIN, THIS IS ALL "OUT OF COURT"!

DETACH AND RETURN LOWER PORTION WITH YOUR PAYMENT

RETURN THIS WITH YOUR PAYMENT - DO NOT STAPLE

Hinten, Lovina K - 280209579

Group No.	From Date	Through Date	Due Date
00081503-0000	07/01/2003	07/31/2003	07/01/2003
Amount Due \$25.00		Amount Paid	

Unit No. 001

FMC1-MB1



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
® Registered marks Blue Cross and Blue Shield Association.

MAKE CHECKS PAYABLE TO
ANTHEM BLUE CROSS BLUE SHIELD



Anthem BCBS ASA
PO Box 790399
ST LOUIS MO 63179-0399

700081503000028020957980701200300000025000012

NOTICE TO MEMBER AND PROVIDERS:

Medically Necessary emergency care for the treatment of a Medical Emergency is a benefit under the Member's Certificate. The Member's Primary Care Physician (PCP) or Anthem Senior Advantage should be notified as soon as possible after receipt of emergency services and/or emergency hospital admission. Please see the Anthem Senior Advantage Certificate and Schedule of Benefits for coverage limitations.

An Urgent Medical Problem is an unexpected episode of illness or an injury occurring outside the Service Area (or in certain circumstances within the service area) requiring treatment which cannot be reasonably postponed for regularly scheduled care but which does not require emergency care. If Urgent Care is received, you are asked to contact your PCP as soon as possible after receiving care.

This card has been furnished subject to the terms and conditions under which the Member is covered. This card is not transferable and is no longer valid if membership is terminated.

If you have any questions, please call Anthem Senior Advantage Member Services at 1(800) 467-1199 Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m. If you have access to a TDD system, call 1-888-853-7754.

PROVIDERS

To precertify hospital admissions or to notify of emergency services, call 1-800-304-9919, Monday through Friday between the hours of 8:30 a.m. and 5 p.m.

MENTAL HEALTH AND SUBSTANCE ABUSE CARE

For mental health and substance abuse services please call 1-800-788-4003. If you have access to a TDD system, call 1-800-750-0750.

Submit claims to

Anthem Blue Cross and Blue Shield
Attention Anthem Senior Advantage
P.O. Box 37180
Louisville, Ky 40233-7180

Anthem Blue Cross and Blue Shield is the trade name of
Community Insurance Company

An independent licensee of the Blue Cross and Blue Shield Association

® Registered Marks Blue Cross and Blue Shield Association

Anthem

Senior Advantage

Anthem. 

Identification no.

000280209579

Benefit class

BVA

BC plan code

332

Begin date

01/01/03

Contract holder:

HINTEN

000

LOVINA

K

FOLD

Member no.

22540640

Primary care physician

SIMMONS, RICHARD A DO

24 Hour emergency phone number

(330)549-5700

*Use this number only for accessing your PCP for urgent or emergency care after hours.

FOLD

Co-payments

OHIO STANDARD PLAN	
PCP OFFICE VISIT	\$20
SPECIALTY OFFICE VISIT	\$30
EMERGENCY ROOM	\$50
URGENT CARE FACILITY	\$50
FORMULARY GENERIC RX	
\$15 OR 25% (GREATER AMT)	

*Refer to the schedule of benefits for a complete listing of co-payments

Ohio Medical Board **Consumer's Guide**

LAST PAGE OF
STATE MEDICAL
GUIDE IS
MISSING!

This information is provided as a public service and no user may claim detrimental reliance thereon.

TRODUCTION

Sometimes, health care services can fall below a patient's expectations. As a health care consumer, you should know what you can do to ensure that you receive quality health care. This means knowing what to do when the care you receive is not of the quality you deserve.

Did you know that the State Medical Board of Ohio

- licenses physicians and limited branch practitioners; and
- regulates physicians and limited branch practitioners; and
- receives and investigates complaints regarding quality of care and competency issues?

This *Consumer's Guide to the State Medical Board of Ohio* is designed to answer questions you might have as a patient, as well as tell you what the Medical Board can do for you.

This booklet provides you with a step-by-step guide through the complaint process. It is hoped that this information will encourage you to contact the Medical Board when you have legitimate concerns about your physician or other health care providers.

Consumer complaints are an important and direct source of information about the competency of health care professionals and the quality of care they provide. Complaints also show Medical Board officials that consumers are watching the actions the Board takes on behalf of the public.

WHAT IS THE STATE MEDICAL BOARD? WHAT DOES IT DO?

The State Medical Board of Ohio (OSMB) is the state agency that administers Ohio's regulatory laws for allopathic physicians (M.D.s), osteopathic physicians (D.O.s), podiatric physicians (D.P.M.s), and

physician assistants (P.A.s), as well as for practitioners of the limited branches of medicine such as massage therapists (L.M.T.s), cosmetic therapists (C.T.s), mechanotherapists (D.M.s), acupuncturists (R.A.C.s) anesthesiologist assistants (A.A.s).

In addition to regulating allopathic, osteopathic, and podiatric physicians, and limited branch practitioners, the Medical Board is responsible for granting licensure to these professionals. Practitioners licensed by the Medical Board are called "licensees". Physician assistants are registered with the Board since they do not practice independently of a supervising physician. The OSMB reviews and approves utilization plans which permit physician assistants and their supervising physicians to practice under the terms of the plan.

The OSMB also handles general consumer complaints about its licensees and may directly discipline those who violate the public health and safety standards set by the legislature and the Board. The OSMB may refer a complaint to a more appropriate agency, if necessary.

The OSMB does not license chiropractors, dentists, nurses, psychologists, physical therapists, and a number of other health care providers. Complaints about these professionals should be directed to the regulatory agencies by which they are licensed.

WHO ARE THE MEMBERS OF THE MEDICAL BOARD?

The OSMB has twelve members: nine physicians and three members of the public. All of the Board members are appointed by the Governor and serve on the Board for five years. The Medical Board meets once a month. All OSMB meetings are open to the public unless otherwise noted. You can obtain a list of meeting dates by calling Public Inquiries at (614) 466-3934.

WHAT KINDS OF COMPLAINTS DOES THE MEDICAL BOARD HANDLE?

The Medical Board can discipline its licensees for violations of the Medical Practices Act. Grounds for discipline include:

- impairment of ability to practice due to drug or alcohol abuse, or due to physical or mental illness
- failing to meet minimal standards of care in treating patients
- prescribing drugs in an inappropriate manner or without legitimate reason

- inappropriate sexual conduct
- conviction of a misdemeanor in the course of practice or conviction of a felony
- falsifying information; fraud
- performing duties beyond the scope of a license
- failing to meet continuing medical education requirements

WHAT KINDS OF COMPLAINTS ARE NOT HANDLED BY THE MEDICAL BOARD?

The Medical Board cannot:

- help you sue a health care provider for money
- handle a fee dispute between you and your physician
- resolve disputes about insurance reimbursement or get money back that you feel is owed to you
- resolve questions about disability compensation
- discipline practitioners who are not licensed by the Medical Board (for example, a doctor licensed in another state, or a person licensed by another state agency, such as a nurse or a physical therapist)

The OSMB will answer any questions you may have about whether we can handle your complaint. If the OSMB cannot handle your complaint, you may be referred to another agency.

DO I NEED AN ATTORNEY TO HANDLE MY COMPLAINT?

You do not need an attorney to file your complaint with the OSMB or to follow through with it. The Medical Board can take action against a health care provider's privileges to practice, but it cannot help you sue a health care provider for money.

HOW DO I FILE A COMPLAINT?

You may file a complaint with the Medical Board by mail or by telephone.

To file a complaint by mail: Send a letter to the State Medical Board of Ohio, Public Inquiries Division, 77 South High Street, 17th

Floor, Columbus, Ohio, 43215-6127. You may use plain paper, but be sure to include the licensee's full name and details of your complaint. If possible, include the licensee's address. You should also include your name, address, and telephone number in case we need to contact you for further information.

If you prefer, a Board complaint form that lists all the information you need to supply is available for download [here](#).

Be sure to include the licensee's full name and details of your complaint. If possible, include the licensee's address. You should also include your name, address, and telephone number in case we need to contact you for further information.

To file a complaint by telephone: Call the Public Inquiries Department at (614) 466-3934, between 8:30 a.m. and 4:30 p.m. Monday through Friday. If a staff member is not available, please leave a message, and your call will be returned. A toll-free 800 number is available to those persons who wish to leave a message for a return call: (800) 554-7717.

Even if you phone in your complaint, you may also be asked to submit it in writing to ensure accuracy. Again, be sure to have the licensee's full name and details of your complaint available when you call.

WHAT IS THE COMPLAINT PROCESS?

To maintain confidentiality and assure that every complaint brought to the Board's attention is reviewed, each case is assigned a complaint number. Your complaint is initially reviewed by the Board's Secretary and Supervising Member to determine whether the Medical Board has the legal authority (jurisdiction) to act in your case.

The Board's jurisdiction is defined by state statutes (laws). The OSMB would not have jurisdiction, for example, if your complaint was about a physician's refusal to accept Medicare patients, or about overcharging you for services actually performed, because these actions are not prohibited by the state statutes the Board enforces.

Although all complaints are evaluated, many complaints do not result in disciplinary action. The Secretary and Supervising Member review each complaint to determine if there is sufficient evidence to show that a violation of the Board's statutes has occurred. If it is determined that there is not a sufficient basis for proceeding with formal disciplinary action, you will receive a letter telling you that your complaint has been closed.

If the Board has jurisdiction, the case may be assigned to one of the

Board's investigators, who are located throughout the state. The Secretary and Supervising Member oversee investigations and serve as advisors on each case. In some instances, outside medical experts will also assist in reviewing a complaint.

Depending on the nature of the complaint, the Board's investigator may gather information from any of the following sources: you, the complainant; the patients, if other than the complainant; the licensee's co-workers; and other sources, such as police agencies or hospital and pharmacy records. The investigator may also contact the physician involved to discuss the complaint.

All information related to Board investigations is required by law to be kept confidential. If you choose to keep your name confidential, the Board will honor your request; however, withholding the complainant's identity may make a thorough investigation more difficult or impossible in some instances.

If the evidence is sufficient, the case will be assigned to an attorney Enforcement Coordinator, who will prepare the case for hearing and draft formal charges, called a citation letter. Each citation letter is reviewed by the Board's Secretary and Supervising Member and the Ohio Attorney General's office before being forwarded to the Members of the Board, who must decide whether or not the citation letter should be sent.

WHAT IS THE DISCIPLINARY PROCESS?

After the Members of the Board vote to issue formal charges, the citation letter will be sent to the licensee giving written notice of the charges and of the opportunity to request an administrative hearing. The hearing is held before an Attorney Hearing Examiner and is generally open to the public. The Attorney General's office represents the Board at the hearing. The licensee may be represented by an attorney or present his or her own case. In some cases, the licensee will send his or her arguments in writing instead of coming to the hearing. The hearing is similar to a civil trial: evidence and witnesses are presented, and questions and answers are given by both sides.

After the hearing, the Attorney Hearing Examiner files a summary of the case and a proposed decision with the OSMB. A copy of the Hearing Examiner's report is sent to the licensee, who has ten days to file written objections.

Before discussing the case at the Board meeting and rendering a final decision, the Board Members review a transcript of the hearing, the Hearing Examiner's report and recommendation, and any objections filed by the licensee. The Members of the Board can accept, reject, or modify the Hearing Examiner's recommendation. The Board's

consideration of each case is open to the public.

HOW DO I FIND OUT ABOUT THE PROGRESS OF MY COMPLAINT?

Because Medical Board investigations are confidential by state statute, we are not able to notify complainants about the step-by-step progress of the actions being taken. However, you may find out the status of your complaint by calling the Public Inquiries staff at (614) 466-3934 between 8:30 a.m. and 4:30 p.m., Monday through Friday.

WHAT TYPE OF DISCIPLINARY ACTION MAY BE TAKEN BY THE BOARD?

The Medical Board may dismiss the case if it feels that no violation has occurred or if evidence is insufficient to support a finding of a violation. However, if the Board decides that there has been a violation, it may choose one of the following formal disciplinary actions:

- *reprimand the license*
- *suspend the practitioner's license, or*
- *put the licensee on probation under a variety of terms*
- *permanently revoke the practitioner's license*
- *limit the practitioner's license (e.g., limit the type of procedures the licensee may perform)*

In emergencies, the OSMB has the authority to temporarily suspend a physician's license pending a hearing. This is called a "*summary suspension*."

For cases involving application for licensure, the Board may choose to *permanently deny the practitioner's application*. If a licensee is found guilty in court of certain violent crimes, his or her license will be *automatically suspended*.

At any time after a complaint is filed, the licensee and the Board's Secretary and Supervising Member may negotiate a resolution, or "*consent agreement*." The full Medical Board must ratify all consent agreements.

A licensee may also *surrender licensure* if the Board is willing to accept it. If disciplinary action has already started, the Board will usually not accept a *surrender* unless the licensee agrees to a *permanent revocation*.

CAN A LICENSEE APPEAL THE MEDICAL BOARD'S DECISION?

If the Medical Board formally disciplines a licensee, the licensee may appeal the Board's decision to the Franklin County Court of Common Pleas. The licensee usually tries to keep the OSMB from enforcing its disciplinary measures during the appeal process by getting an order from the court called a "stay order." A stay prevents all or part of the disciplinary order from going into effect until a decision on the appeal is made.

HOW CAN I FIND OUT IF A DOCTOR HAS BEEN DISCIPLINED?

Call the Medical Board's Public Inquiries staff at (614) 466-3934 from 8:30 a.m. to 4:30 p.m., Monday through Friday, to find out about disciplinary actions that have been taken or initiated. Or check the Physician On-Line Look-up service on the Board's website at www.state.oh.us/med/. The Medical Board also has a toll-free number, (800) 554-7717, where you can leave a message to receive a complaint form. You must leave your name and telephone number for a return call. Only information about formal disciplinary actions is available to the public from the OSMB. Information about complaints is not public information and is prohibited by state law from being released.

The OSMB also publishes a newsletter that includes a list of disciplinary actions that have recently been taken. You may obtain copies of the newsletter by writing to the Public Inquiries Division, State Medical Board of Ohio, 77 South High Street, Columbus, Ohio 43215-6127 or by accessing the Board's Internet website at www.state.oh.us/med/.

Disciplinary actions are reported to entities including:

- State, local and national medical associations
- Federation of State Medical Boards; Federation of Podiatric Medical Boards
- National Practitioner Data Bank

Other states are informed of disciplinary actions through national data banks. The OSMB also uses data banks to get reports of formal disciplinary actions taken in other states against Ohio licensees.

CAN I GET A MONEY AWARD OR OTHER RELIEF IF THE MEDICAL BOARD DISCIPLINES A LICENSEE?

The Medical Board does not have the authority to award monetary damages. It also cannot:

- get money back that you believe is due you
- settle disputes between you and your physician
- compel corrective actions

These functions are primarily for the courts. Making a complaint to the OSMB is not the same thing as filing a lawsuit with a civil court.

CAN THE PHYSICIAN SUE ME FOR MAKING A COMPLAINT TO THE OSMB?

A physician cannot successfully sue you simply because you complain to the Medical Board, so long as the complaint is made in good faith.

Ohio law provides "...In the absence of bad faith, any person who reports such information or testifies before the Board in any adjudication hearing conducted under Chapter 119. of the Revised Code shall not be liable for civil damages as a result of his report or testimony."[(Ohio Revised Code Section 4731.22 (F)(1))]

HELP YOURSELF BE A SMART HEALTHCARE CONSUMER

Each year, the Medical Board receives over 2500 complaints. Many times, the complaints turn out to be simple misunderstandings between the health care provider, the patient, or the patient's family that can be resolved without the intervention the Medical Board or other agency. You can help yourself be a smart healthcare consumer by considering the following suggestions:

- discussing your concerns with your health care provider
- asking about the practitioner's fees when scheduling an appointment
- understanding your insurance policy coverage
- checking with your insurance carrier to be sure that your physician is an approved provider for the insurance plan

WHAT OTHER AGENCIES HELP HEALTHCARE CONSUMERS?

Besides the Medical Board, there are several other agencies that assist health care consumers. A few of the agencies are included in this booklet. The agency you choose may depend on the nature of your complaint or inquiry.

Permedion

350 Worthington Road
Westerville, OH 43082
(614) 895-9900

This is a private organization under contract with the federal

government that reviews quality of care complaints from enrollees of Medicare, Medicaid and Aid to Dependent Children (ADC).

Ohio Department of Health (ODH)

246 North High Street P.O. Box 118 Columbus, OH 43215

(614) 466-3543

Divisions within this State agency handle complaints about nursing homes, hospitals, ambulatory surgical facilities and medical laboratories.

Ohio Hospital Association

155 East Broad Street, 15th Fl. Columbus, OH 43215-3620

(614) 221-7614

This private association reviews complaints involving hospitals.

Ohio Department of Insurance (ODI)

2100 Stella Court

Columbus, OH 43215-1067

(800) 686-1526

Divisions within this state agency handle complaints about insurance reimbursements.

Your Insurance Carrier

Most insurance companies have consumer divisions which are equipped to take complaints or resolve billing disputes.

American Board of Medical Specialties

1007 Church St., Suite 404 Evanston, IL 60201-5913

(866) 275-2267

Callers may find out if a physician is certified by a specialty board recognized by the American Board of Medical Specialties.

American Osteopathic Association (AOA)

142E. Ontario Street Chicago, IL 60611

(312) 202-8000

Callers may find out if a physician is certified by a specialty board recognized by the American Osteopathic Association.

American Board of Podiatric Surgery

3330 Mission St. San Francisco, CA 94110-5009

(415) 826-3200

Callers may find out if a physician is certified by a specialty board recognized by the American Board of Podiatric Surgery.

Stat Professional Associations

Ohio State Medical Association (OSMA)

3401 Mill Run Hilliard, OH 43026

(800) 766-6762 (614) 527-6762

Ohio Osteopathic Association (OOA)

53 W. Third Avenue P.O. Box 8130 Columbus, OH 43201
(614) 299-2107

Ohio Podiatric Medical Association (OPMA)

5310 McKittrick Blvd. Columbus, OH 43235
(614) 457-6269

These professional associations represent the interests of their members. They can provide you with the address of the **local medical society or podiatric medical society** located in your area, many of which investigate complaints and conduct peer review involving their members. They may also provide a physician referral service.

Ohio Association of Physician Assistants

4683 Winterset Dr., Columbus, OH 43220
(614) 459-4185

Callers may find out if a licensee is certified by a specialty board recognized by the Ohio Association of Physician Assistants.

Ohio Chapter American Massage Therapy Association

1925 E. Dublin-Granville Rd. Suite 240 Columbus, OH 43229
(614) 436-6340

Callers may find out if a licensee is certified by a specialty board recognized by the Ohio Chapter American Massage Therapy Association.

Cosmetic Therapy Association of Ohio

Francine Melvin
7706 Olentangy River Rd. Columbus, OH 43235
(614) 436-8888

Callers may find out if a licensee is certified by a specialty board recognized by the Cosmetic Therapy Association of Ohio.

National Certification Commission for Acupuncture & Oriental Medicine

Suite 300 11 Canal Center Plaza
Alexandria, VA 22314
(703) 548-9004

American Academy of Anesthesiologist Assistants

P.O. Box 13978
Tallahassee, FL 32317
(850) 656-8848

This booklet was adopted from the Center for Public Representation publication entitled *A Consumer's Guide to the Medical Examining Board in Wisconsin*, which was itself produced in cooperation with the American Association of Retired Persons.